

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Montezuma Mines Inc.
559 W. Silver St, #301
Elko, NV 89801

BOOK **389** PAGE **271-273**
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Montezuma Mines Inc
2004 AUG -5 PM 1:20

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES **16.00**

190762

Space Above This Line For Recorder's Use

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEW YORK)
)
COUNTY OF)

APN: 005-410-27

Raymond R. Snider, of legal age, being first duly sworn, deposes and says:

That Audrey J. Snider, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Audrey J. Snider named as one of the parties in that certain Deed dated October 15, 1965 to Raymond R. Snider and Dorothy J. Snider, husband and wife, as Joint Tenants, recorded as Instrument No. 41563, on December 15, 1965, in book 9, page 248, of Official Records of Eureka County, Nevada, covering the following described property situated in Eureka County, Nevada:

NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 35, Township 29 North, Range 48 East, MDB&M

Dated July 30, 2004

Raymond R Snider
Raymond R. Snider, Affiant

SUBSCRIBED AND SWORN TO before me, the undersigned,
a Notary Public in and for the State of New York, this 30th
day of July, 2004.

Terry E. Gilkerson
Notary Public

My Commission expires: NOV 3, 2007

TERRY E. GILKERSON
Notary Public, State of New York
No. 01G16101155
Qualified in Niagara County
Commission Expires Nov. 3, 2007

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

RECORDED DISTRICT 3102 REGISTER NUMBER 239

RESIDENCE

1. NAME: FIRST MIDDLE LAST Audrey Joy Snider 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR 05 12 2002 3B. HOUR: 6:15 A M

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify) 4B. IF FACILITY, DATE ADMITTED MONTH DAY YEAR 05 09 2002

4C. NAME OF FACILITY: (If not facility, give address) N.F. Memorial Medical Center 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Niagara Falls Niagara 4E. COUNTY OF DEATH: Niagara

4F. MEDICAL RECORD NO. 088196 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO YES

5. DATE OF BIRTH: MONTH DAY YEAR 06 12 1933 6A. AGE IN YEARS: 69 yrs. 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Niagara Falls, NY 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? NO YES 9. RACE: (Black, White, etc.) White 10. HISPANIC ORIGIN? (If yes, specify) NO YES 11. DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.) Elementary/Secondary (0-12) 12 College (1-4 or 5+)

12. SOCIAL SECURITY NUMBER: 13. MARITAL STATUS: NEVER MARRIED MARRIED SEPARATED WIDOWED DIVORCED 14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Raymond R. Snider

15A. USUAL OCCUPATION: (Do not enter retired) Telephone Operator 15B. KIND OF BUSINESS OR INDUSTRY: Communications 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Niagara N.Y. Telephone Co./Falls NY

16A. RESIDENCE: (State or Country if not USA) NY 16B. County or Region/ Province if not USA Niagara 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Lewiston 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:

16D. STREET AND NUMBER OF RESIDENCE: 725 Oneida Street 16E. ZIP CODE: 14092

17. NAME OF FATHER: FIRST MI LAST William Dean 18. MAIDEN NAME OF MOTHER: FIRST MI LAST Theresa Monkus

19A. NAME OF INFORMANT: Raymond R. Snider 19B. MAILING ADDRESS: (Include zip code) 725 Oneida Street, Lewiston NY, 14092

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) MONTH DAY YEAR Burial 05 15 2002 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Riverdale Cemetery 20C. LOCATION: (City or town and state) Lewiston, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: M.J. Colucci & Son Funeral Chapel Niagara Falls, NY 14303 468-19th Street 21B. REGISTRATION NUMBER: 01186

22A. NAME OF FUNERAL DIRECTOR: John C. Colucci 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature] 22C. REGISTRATION NUMBER: 00955

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH DAY YEAR 05 15 2002 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Carol A. Antonucci 24B. DATE ISSUED: MONTH DAY YEAR 05 15 2002

ITEMS 25 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - ITEMS 25 F-K THRU 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: [Signature] MONTH DAY YEAR 05 12 2002 25F. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: [Signature] 25G. PRONOUNCED DEAD ON: 25H. HOUR: 25I. DATE SIGNED: MONTH DAY YEAR

25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR 07 01 1987 05 12 2002 25C. LAST SEEN ALIVE BY ATTENDANT: MONTH DAY YEAR 05 12 2002 25J. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: 25K. ME/COR. PHYS. LICENSE NUMBER

25D. NAME OF ATTENDING PHYSICIAN: JOHN DYSTER 25E. ATTENDING PHYSICIAN LICENSE NUMBER: 166 794 NY

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A OR 25F: John Dyster M.D. 6932 Wilton Rd NY 11930

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) Codeine overdose mixed (B) Acute Myocardial Infarction months (C) Severe Osteoporosis with Keppra and Depo months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY: BOOK 389 PAGE 272 31E. INJURY AT WORK? NO YES 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO YES 33B. DATE OF DELIVERY: MONTH DAY YEAR

NAME OF DECEDENT: Snider, Audrey TIME OF DEATH: 6:15 AM DATE OF DEATH: 5-12-02

DOH-1961 (02-2000)

COPY

I HEREBY CERTIFY THAT THIS IS A
TRUE COPY OF A RECORD ON FILE IN
THE BUREAU OF VITAL STATISTICS OF
THE CITY OF NIAGARA FALLS, NY.
DATED: MAY 28 2006
Cynthia R. Foster
REGISTRAR OF VITAL STATISTICS