

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

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

BOOK *401* PAGE *001-002*
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Montezuma Mines
2004 NOV 30 PM 4:53

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. **194167**
FEES *15⁰⁰*

Space Above This Line For Recorder's Use

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF *San Diego*)

APN: 005-460-17

Laura J. Russell, of legal age, being first duly sworn, deposes and says:

That Daniel G. Russell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Daniel G. Russell named as one of the parties in that certain Deed dated August 4, 1978 to Daniel G. Russell and Laura J. Russell, husband and wife, as Joint Tenants, recorded as Instrument No. 65800, on August 8, 1978, in book 65, page 190, of Official Records of Eureka County, Nevada, covering the following described property situated in Eureka County, Nevada:

SE $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 25, Township 29 North, Range 48 East, MDB&M

Dated November 15, 2004

Laura J. Russell

Laura J. Russell

SUBSCRIBED AND SWORN TO before me, the undersigned,
a Notary Public in and for the State of California, this 15
day of November, 2004.

[Signature]

Notary Public

My Commission expires: 11-17-07



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BACK #8 ONLY (NO ENDORSEMENTS, WRITE-OUTS OR ALTERATIONS)
VS-11 (REV. 02)

3 200437 011836

LOCAL REGISTRATION NUMBER

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| STATE FILE NUMBER | | 1. NAME OF DECEDENT - FIRST (Given) | | 2. MIDDLE | | 3. LAST (Family) | |
| | | Daniel | | G. | | Russell | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy | | 5. AGE Yrs | | 6. SEX | |
| | | 07/29/1936 | | 67 | | Male | |
| 9. BIRTH STATE/FOREIGN COUNTRY | | 10. SOCIAL SECURITY NUMBER | | 11. EVER IN U.S. ARMED FORCES? | | 12. MARITAL STATUS (at time of Death) | |
| Massachusetts | | [REDACTED] | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | Married | |
| 13. EDUCATION - Highest Level/Degree (See instructions on back) | | 14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back) | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) | | 7. DATE OF DEATH mm/dd/yyyy | |
| HS Graduate | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | White | | 07/24/2004 | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | | 19. YEARS IN OCCUPATION | | | |
| Jet Engine Mechanic | | U.S.A.F. | | 23 | | | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) | | 21. CITY | | 22. COUNTY/PROVINCE | | 23. ZIP CODE | |
| 2909 E. 12th Avenue | | Apache Junction | | Maricopa | | 85219 | |
| 24. YEARS IN COUNTY | | 25. STATE/FOREIGN COUNTRY | | 26. INFORMANT'S NAME, RELATIONSHIP | | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) | |
| 27 | | Arizona | | Kenneth Follis - stepson | | 698 Breamar Terrace Fallbrook, CA 92028 | |
| 28. NAME OF SURVIVING SPOUSE - FIRST | | 29. MIDDLE | | 30. LAST (Maiden Name) | | | |
| Laura | | Jean | | Otto | | | |
| 31. NAME OF FATHER - FIRST | | 32. MIDDLE | | 33. LAST | | 34. BIRTH STATE | |
| Otto | | A. | | Russell | | Unknown | |
| 35. NAME OF MOTHER - FIRST | | 36. MIDDLE | | 37. LAST (Maiden) | | 38. BIRTH STATE | |
| Dorothy | | W. | | Reed | | Unknown | |
| 39. DISPOSITION DATE mm/dd/yyyy | | 40. PLACE OF FINAL DISPOSITION | | 41. TYPE OF DISPOSITION(S) | | 42. SIGNATURE OF EMBALMER | |
| 07/28/2004 | | At Sea off the Coast of San Diego County | | Cr/Sea | | Not Embalmed | |
| 43. LICENSE NUMBER | | 44. NAME OF FUNERAL ESTABLISHMENT | | 45. LICENSE NUMBER | | 46. SIGNATURE OF LOCAL REGISTRAR | |
| | | Accu-Care Cremation Center | | FD 1528 | | Nancy L Bowen MD | |
| 47. DATE mm/dd/yyyy | | 101. PLACE OF DEATH | | 102. IF HOSPITAL, SPECIFY ONE | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE | |
| 07/28/2004 | | Stepson's Home | | <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice | | <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other | |
| 104. COUNTY | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) | | 106. CITY | | 107. CAUSE OF DEATH | |
| San Diego | | 698 Breamar Terrace | | Fallbrook | | Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. | |
| 108. IMMEDIATE CAUSE (Final disease or condition resulting in death) | | 109. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) | | 110. DEATH REPORTED TO CORONER? | | 111. DEATH REPORTED TO CORONER? | |
| Metastatic Rectal Cancer | | 5 Yrs | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) | | 114. IF FEMALE, PRECISE IN LAST YEAR? | | 115. SIGNATURE AND TITLE OF CERTIFIER | |
| None | | No | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | Charles R Lewis, M.D. | |
| 116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 118. LICENSE NUMBER | | 119. DATE mm/dd/yyyy | |
| Decedent Attended Since | | 4311 Third Avenue San Diego, CA 92103 | | C40088 | | 07/27/2004 | |
| 120. MANNER OF DEATH | | 121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 122. INJURED AT WORK? | | 123. INJURY DATE mm/dd/yyyy | |
| <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | Jay Thomas, M.D. | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | 126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) | | 127. SIGNATURE OF CORONER/DEPUTY CORONER | |
| | | | | | | 128. DATE mm/dd/yyyy | |
| | | | | | | 129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER | |
| | | | | | | Nancy L Bowen MD | |
| STATE REGISTRAR | | A B C D E | | FAX AUTH. # | | CENSUS TRACT | |
| | | | | 2413061 | | | |

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* A 01271489

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: August 4, 2004

Nancy L Bowen MD
NANCY L BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

194167

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

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