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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Montezuma Mines
2004 NOV 30 PM 4:53

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE$ 15.00
194167

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

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

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:

SE¼SE¼SE¼ 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.

Notary Public

My Commission expires: 11-17-07

SALLY HOLMEN
COMM. # 1451384
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
COMM. EXP. NOV. 17, 2007

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/03)

STATE FILE NUMBER: 3 200437
LOCAL REGISTRATION NUMBER: 011836

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): Daniel
2. MIDDLE: G.
3. LAST (Family): Russell
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 07/29/1936
5. AGE Yrs.: 67
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: Male
8. BIRTH STATE/FOREIGN COUNTRY: Massachusetts
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at time of Death): Married
7. DATE OF DEATH mm/dd/ccyy: 07/24/2004
8. HOUR (24 Hours): 1145
13. EDUCATION — Highest Level/Degree (see worksheet on back): HS Graduate
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back) [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): White
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: Jet Engine Mechanic
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): U.S.A.F.
19. YEARS IN OCCUPATION: 23

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 2909 E. 12th Avenue
21. CITY: Apacha Junction
22. COUNTY/PROVINCE: Maricopa
23. ZIP CODE: 85219
24. YEARS IN COUNTY: 27
25. STATE/FOREIGN COUNTRY: Arizona

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: Kenneth Follis - stepson
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 698 Breamar Terrace Fallbrook, CA 92028

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: Laura
29. MIDDLE: Jean
30. LAST (Maiden Name): Otto
31. NAME OF FATHER — FIRST: Otto
32. MIDDLE: A.
33. LAST: Russell
34. BIRTH STATE: Unknown
35. NAME OF MOTHER — FIRST: Dorothy
36. MIDDLE: W.
37. LAST (Maiden): Reed
38. BIRTH STATE: Unknown

FUNERAL DIRECTOR/ LOCAL REGISTRAR

38. DISPOSITION DATE mm/dd/ccyy: 07/28/2004
40. PLACE OF FINAL DISPOSITION: At Sea off the Coast of San Diego County
41. TYPE OF DISPOSITION(S): Cr/Sea
42. SIGNATURE OF EMBALMER: Not Embalmed
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: Accu-Care Cremation Center
45. LICENSE NUMBER: FD 1528
46. SIGNATURE OF LOCAL REGISTRAR: Nancy L Bowen MD
47. DATE mm/dd/ccyy: 07/28/2004

PLACE OF DEATH

101. PLACE OF DEATH: Stepson's Home
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL/SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [X] Other
104. COUNTY: San Diego
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 698 Breamar Terrace
106. CITY: Fallbrook

CAUSE OF DEATH

107. CAUSE OF DEATH — 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) Metastatic Rectal Cancer	(A') 5 Yrs
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B)	(B')
	(C)	(C')
	(D)	(D')

C20
C20

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO — INFORMAL NUMBER
109. BIOPSY PERFORMED? [X] YES [ ] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: None
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): No
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since (A) mm/dd/ccyy: 07/21/2004
Decedent Last Seen Alive (B) mm/dd/ccyy: 07/21/2004
115. SIGNATURE AND TITLE OF CERTIFIER: Charles R. Lewis, MD
116. LICENSE NUMBER: C40088
117. DATE mm/dd/ccyy: 07/27/2004
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: Jay Thomas, M.D. 4311 Third Avenue San Diego, CA 92103

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						2413061	

A01271489

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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COPY