

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

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

APN: 005-460-05

BOOK 402 PAGE 207-208  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Montezuma Mines Inc.*  
2004 DEC 23 PM 1:05

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

**194671**

Space Above This Line For Recorder's Use

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA       )  
                                  )  
COUNTY OF CLARK     )

Josephine V. Bozeman, of legal age, being first duly sworn, deposes and says:

That, Allen Bozeman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Allen Bozeman named as one of the parties in that certain Deed dated October 31, 1975, to Allen Bozeman and Josephine Bozeman, husband and wife, as Joint Tenants, recorded as Instrument No. 60574, on November 14, 1975, in book 53, page 66, of Official Records of Eureka County, Nevada, covering the following described property situated in Eureka County, Nevada:

NE¼SE¼NE¼ of Section 25, Township 29 North, Range 48 East, MDB&M

Dated December 16, 2004

*Josephine V. Bozeman*  
Josephine V. Bozeman, Affiant

SUBSCRIBED AND SWORN TO before me, the undersigned,  
a Notary Public in and for the State of Nevada, this 16th  
day of December, 2004.

*Brandi McKinnon*  
Notary Public

My Commission expires: 04/19/08



BRANDI MCKINNON  
NOTARY PUBLIC  
STATE OF NEVADA  
APPT. NO. 00-60289-1  
MY APPT. EXPIRES April 19, 2008

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# CERTIFICATE OF DEATH

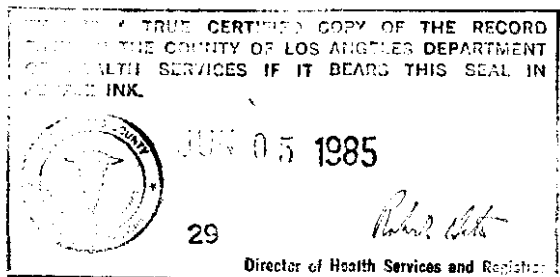
## STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
Allen		W		Bozeman		May 30, 1985		0335	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS
Male	White/American	3	March 30, 1929			56 YEARS			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Alabama		Unknown, Alabama				Unknown, Alabama			
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
USA	19 52 TO 19 53			Married		Josephine Zielinski			
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS				
Sheet Metal Worker	16	Self-Employed			Construction				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN			
4711 San Rafael						Las Vegas			
19D. COUNTY				19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Clark				Nevada		Josephine Bozeman (Wife)			
21A. PLACE OF DEATH		21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
West Los Angeles VA Med. Ctr.		Los Angeles		4711 San Rafael					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		Las Vegas, Nevada 89120					
Wilshire & Sawtelle Blvd.		Los Angeles							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)									
IMMEDIATE CAUSE									
(A) Cardiopulmonary Arrest									
DUE TO, OR AS A CONSEQUENCE OF									
(B) Hepatorenal Syndrome									
DUE TO, OR AS A CONSEQUENCE OF									
(C) Laennec's Cirrhosis									
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A									
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION									
None									
24. WAS DEATH REPORTED TO CORONER?									
No									
25. WAS BIOPSY PERFORMED?									
No									
26. WAS AUTOPSY PERFORMED?									
No									
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.									
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE									
28C. DATE SIGNED									
28D. PHYSICIAN'S LICENSE NUMBER									
Robert P. Mooney, M.D.									
5-30-85									
652630									
28E. TYPE PHYSICIAN'S NAME AND ADDRESS									
West Los Angeles VA Med. Ctr.									
Los Angeles, California									
29. SPECIFY ACCIDENT, SUICIDE, ETC.									
30. PLACE OF INJURY									
31. INJURY AT WORK									
32A. DATE OF INJURY—MONTH, DAY, YEAR									
32B. HOUR									
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)									
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)									
35B. CORONER—SIGNATURE AND DEGREE OR TITLE									
35C. DATE SIGNED									
36. DISPOSITION									
37. DATE—MONTH, DAY, YEAR									
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY									
Las Vegas,									
Burial									
June 3, 1985									
Palm Valleyview Cem.-Nevada									
40A. NAME OF FUNERAL DIRECTOR OR OTHER PERSON ACTING AS SUCH									
40B. LICENSE NO.									
41. LOCAL REGISTRAR—SIGNATURE									
42. DATE ACCEPTED BY LOCAL REGISTRAR									
Cunningham & O'Connor									
F 8									
Robert J. Ganung									
MAY 31 1985									
STATE REGISTRAR									
A.									
B.									
C.									
D.									
E.									
F.									

VS-11 (1-85)

5712

01-12/9-1-7102



194671

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