

APN No. 7-140-11

GRANTEE'S ADDRESS:

HC 62 Box 62164
Eureka, Nevada 89317

BOOK **431** PAGE **007-010**
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Gary Galman
2006 JAN 24 PM 12:59

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES **17.00**

203220

AFFIDAVIT IN RE JOAN SHANGLE, DECEASED
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
COUNTY OF Eureka) SS

MONTE W. SHANGLE, being first duly sworn, deposes and says:

That affiant is the husband of JOAN SHANGLE, Deceased. That Decedent died on the 30th day of March, 2005. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein MONTE W. SHANGLE and JOAN SHANGLE, his wife, were the Grantees. That under the laws of the State of Nevada, upon the death of JOAN SHANGLE, the title and ownership of said real property became vested in MONTE W. SHANGLE as the surviving joint tenant. That said real property was acquired by a Deed dated the 1st day of December, 1970, wherein GLEN MADDOX and PONDA JO MADDOX, his wife, were the Grantors, and MONTE W. SHANGLE and JOAN SHANGLE, his wife, were the Grantees.

That said Deed was recorded in Book 230, Pages 170-171, Eureka County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

PARCEL 1:

Township Twenty-two North (T. 22 N.),
Range Fifty-four East (R. 54 E.),
M.D.B.&M, Section Seven (Sec. 7):
East Half (E1/2), Southeast Quarter
(SE1/4) AP #7-140-11 80 AC.

TOGETHER with all building and improvements situate thereon.

TOGETHER with all other rights of every kind and nature, however evidenced, to the use of water, ditches and other accessories utilized for the irrigation and drainage of said premises, including the water rights now appurtenant to the above-described premises under Application for Permit to Appropriate the Public Waters of the State of Nevada, bearing Serial No. 17648, Certificate No. 6054, now on file and of record in the Office of the State Engineer at Carson City, Nevada, reference to same being made for greater certainty and particulars.

PARCEL 2:

Centennial, lode mining claim, patented, Survey No. 164, recorded in Book 10, Page 194, mining records of Eureka County, State of Nevada.

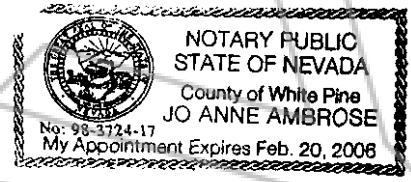
That by reason of the foregoing, affiant hereby declares that the title and interest of JOAN SHANGLE, Deceased, in the above-described real property has vested in MONTE W. SHANGLE and MONTE W. SHANGLE, in fee simple, and that MONTE W. SHANGLE is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and

remainders, rents, issues and profits thereof.

Monte W. Shangle
MONTE W. SHANGLE

Subscribed and sworn to before me
this 12th day of January, 2006.

Jo Anne Ambrose
NOTARY PUBLIC



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

Altered

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

20050005030

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Joan Lyninger SHANGLE			2. March 30, 2005		
	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3b. Eureka			3c. 17th & Keg St.		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. white			6. No		
	AGE—Last Birthday (Years)			UNDER 1 YEAR		UNDER 1 DAY
	7a. 67			MOS : DAYS		HOURS : MINS
	DATE OF BIRTH (Mo., Day, Yr.)			8. September 29, 1937		
PARENTS	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
	9a. Nevada			9b. USA		10. 14
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	13. [REDACTED]			14a. County Clerk/Treasurer		14b. 901 County Government
DISPOSITION	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15a. Nevada		15b. Eureka	15c. Eureka		15d. 17th & Keg St.
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. John Lyninger			17. Dorothy Morrison		
CERTIFIER	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Monte Shangle (Husband)			18b. P.O. Box 100 Eureka, NV 89316		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Cremation		19b. Sunset Crematory		19c. Elko Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. [Signature]		20b. 7	20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place (applicable to coroner and registrar only).		
	21b. DATE SIGNED (Mo., Day, Yr.)			22b. DATE SIGNED (Mo., Day, Yr.)		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21c. HOUR OF DEATH			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON 03-30-05		
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			22e. AT 12:00 P.M.		
	23a. Laurance F. Etter P.O. Box 736 Eureka, NV 89316			23b. LICENSE NUMBER		
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. [Signature]		24b. April 19, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART (a) Myocardial Infarction (Acute) DUE TO, OR AS A CONSEQUENCE OF:					
PART (b) DUE TO, OR AS A CONSEQUENCE OF:						
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
25a. Natural		28b. 03-30-05	28c. 11:00 A.M.	28d.		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e. No		28f. 17th & Keg-Residence	28g. 17th & Keg	Eureka	NV	

Information corrected, State Affidavit #43977, 5/24/05
Item #13. STATE REGISTRAR
530-20-4416

No. 279108

Birth Cert# 1937 001199

66070

CERTIFIED COPY OF VITAL RECORDS

203220 Not reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

