

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 Talmann
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.

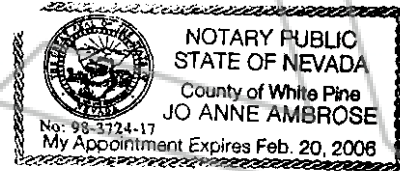
That by reason of the foregoing, affiant hereby
declares that the title and interest of JOAN SHANGLE, Deceased,
in the above-described real property has vested in MONTE W.
SHANGLE and MONTE W. SHANGLE, in fee simple, and that MONTE W.
SHANGLE is the sole and absolute owner thereof, together with the
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



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			COUNTY OF DEATH		
	3b. Eureka			3a. Eureka		
	3c. 17th & Keg St.			4. female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REQUIREMENTS	RACE—(a.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.		
	5. white			6. No		
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		
	9a. Nevada			9b. USA		
PARENTS	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		
	13. [REDACTED]			14a. County Clerk/Treasurer		
	RESIDENCE—STATE			CITY, TOWN, OR LOCATION		
	15a. Nevada			15b. Eureka		
DISPOSITION	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. John Lyninger			17. Dorothy Morrison		
	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		
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
	19a. Cremation			19b. Sunset Crematory		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a. [Signature]			20b. 7		
CAUSE OF DEATH	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 (specify) and manner (specify).		
	(Signature and Title)			(Signature and Title)		
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
	21b. [Signature]			22b. 04-18-05		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
	21d. [Signature]			22c. 11:00 A.M.		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			PRONOUNCED DEAD (Hour)		
	23a. Laurance F. Etter P.O. Box 736 Eureka, NV 89316			22d. ON 03-30-05		
INJURY	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
	24a. (Signature) [Signature]			24b. April 19, 2005		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			DEATH DUE TO COMMUNICABLE DISEASE		
	(a) Myocardial Infarction (Acute)			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	(b) [REDACTED]			Interval between onset and death		
	(c) [REDACTED]			Immediate		
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY		
	28b. 03-30-05			28c. 11:00 A.M.		
	28a. Natural			28d. [REDACTED]		
	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
INFORMATION	28e. No			28f. 17th & Keg-Residence		
	28g. 17th & Keg			Eureka		
	28h. NV			28i. NV		
	28j. NV			28k. 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

431 PAGE 010

MAY 24 2005

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

