

August 15, 2019

Eureka County Clerk Recorder
Bonnie Reisel, Deputy Clerk Recorder
P.O. Box 694
Eureka, NV 89316

EUREKA COUNTY, NV
Rec:\$35.00
Total:\$35.00
MONIE L SMITH

2019-239452
08/19/2019 11:07 AM
Pgs=6



LISA HOEHNE, CLERK RECORDER

**RE: Transfer of Interest in Mule 1-2 Claims,
BLM NMC 857561 and 857562**
*(Formerly BLM Serial Numbers
119058 and 119059)*

In regard to the above named mining claims, the original owners have passed away and the heirs would like to transfer the claims into their names. We inherited our undivided one-third interest in these claims from our father, Edward R. ("Ted") Smith. We would like to have Mr. Smith's undivided one-third interest in the Mule 1-2 claims transferred to the names of his children and their spouses:

Edward S. and Phuong B. Smith
P.O. Box 6015
Twin Falls, ID 83303

Monie L. Smith and Michael G. Johnson
559 East 300 South
Jerome, ID 83338

As proof of our claim, we enclose the death certificate and Letters Testamentary for Edward R. Smith. Please do not post these two documents on the Eureka County Document Inquiry system; they are for your information only.

We also enclose Document 155161, filed in Eureka County on Sept. 20, 1994, that shows the two claims are owned by Edward R. Smith, Max Mathews and Jay Scott. In addition, Document 239292, the annual "Affidavit of Intent to Hold" filed on July 22, 2019, by Todd Hopper on behalf of the estate of Mr. Scott, shows the owners of these claims as Scott, Mathews and Smith.

A check in the amount of \$35.00 is enclosed. Please send an acknowledgement to us at the two addresses noted above (or to the emails noted below) to confirm that this change has occurred. If you have any questions, please call Monie at 208-420-5568 or Ed at 208-326-3270.

Thank you,

Monie L. Smith
friendlytourist@hotmail.com

Edward S. Smith
edphuong@filertel.com

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

ITEM #9 AMENDED 1-20-2010 CMW

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO. 2010-90

01/08/2010

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THIS DEATH UNDER §20-2404 AND §20-241, IDAHO CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) EDWARD ROOS SMITH		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 92		6. BIRTHPLACE (City and State, Territory, or Foreign Country) POCATELLO, IDAHO	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0		6. DATE OF BIRTH (Mo/Day/Yr) 10/23/1917	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7c. CITY OR TOWN TWIN FALLS	
FOR INSTRUCTIONS SEE HANDBOOKS	7b. STREET AND NUMBER 446 PIERCE ST.		7d. APT. NO. 83301	7e. ZIP CODE 83301
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) JENNIE MAE COPPOCK JENNIE MAE COPPIN	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
	11b. FATHER'S NAME (First, Middle, Last, Suffix) LEIGH V. SMITH		11c. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
DATE OF DEATH	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY CARRINGER		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 559 E. 300 S. JEROME, ID 83338	
	13b. INFORMANT'S NAME (Type or print) MONIE LOUISE SMITH		13c. RELATIONSHIP TO DECEDENT DAUGHTER	
CAUSE OF DEATH	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify):		15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PARKE'S MAGIC VALLEY FUNERAL HOME 2651 KIMBERLY ROAD TWIN FALLS, IDAHO 83301	
	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) PARKE'S MAGIC VALLEY CREMATORY 2651 KIMBERLY ROAD TWIN FALLS, IDAHO 83301		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PARKE'S MAGIC VALLEY FUNERAL HOME 2651 KIMBERLY ROAD TWIN FALLS, IDAHO 83301	
DATE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BRETT H. BUCKLEY		17b. LICENSE NUMBER (Of licensee) MI072	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAUSE OF DEATH	20a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		20b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):	
	21. FACILITY NAME (If not facility, give street and number) 446 PIERCE ST.		22. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE TWIN FALLS, ID 83301	
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) January 2, 2010		24. TIME OF DEATH 18:40 (24hr)	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 2, 2010		26. TIME PRONOUNCED DEAD 18:40 (24hr)	
CAUSE OF DEATH	27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. RESPIRATORY FAILURE DUE TO (or as a consequence of): METASTATIC COLON CANCER DUE TO (or as a consequence of): COLON CANCER DUE TO (or as a consequence of):		Approximate Interval Onset to Death 3 DAYS 2 YRS. SINCE 2007	
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown 29. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 30. DATE OF INJURY (Mo/Day/Yr) (Spell month) 31. TIME OF INJURY 32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31. NUMBER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
CAUSE OF DEATH	34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		35. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.	
	TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):		36. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
CAUSE OF DEATH	37. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) stated.		38. LICENSE NUMBER M-04514	
	39. SIGNATURE AND TITLE OF CERTIFIER: DAVID A. MCCLUSKY II, M.D. Signature and Title of Certifier: DAVID A. MCCLUSKY II, M.D. 39a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID A. MCCLUSKY II, 2560 ADDISON AVENUE TWIN FALLS, ID 83301		39c. DATE SIGNED 1 / 8 / 2010 MM DO YYYY	
CAUSE OF DEATH	40. REGISTRAR'S SIGNATURE [Signature]		40b. DATE SIGNED 1 / 8 / 2010 MM DO YYYY	
	41. IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE		42. IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

JAN 20 2010

DATE ISSUED:

This copy is not valid unless prepared on engraved border

JANE S. SMITH



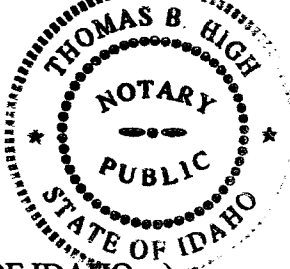
LETTERS TESTAMENTARY - 1

STATE OF IDAHO)
) ss.
County of Twin Falls)

I, Edward S. Smith, hereby accept the duties of Co-Personal Representative of the Estate of Edward R. Smith, deceased, and do solemnly swear that I will perform, according to law, the duties of Co-Personal Representative of the Estate of Edward R. Smith, deceased.

Edward S. Smith
EDWARD S. SMITH

SUBSCRIBED AND SWORN to before me this 15th day of March, 2010.



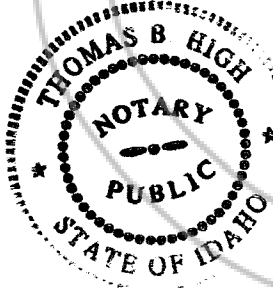
[Signature]
NOTARY PUBLIC
Residing at: Twin Falls, ID
My Commission Expires: 2/9/12

STATE OF IDAHO)
) ss.
County of Twin Falls)

I, Monie L. Smith, hereby accept the duties of Co-Personal Representative of the Estate of Edward R. Smith, deceased, and do solemnly swear that I will perform, according to law, the duties of Co-Personal Representative of the Estate of Edward R. Smith, deceased.

Monie L. Smith
MONIE L. SMITH

SUBSCRIBED AND SWORN to before me this 15th day of March, 2010.



[Signature]
NOTARY PUBLIC
Residing at: Twin Falls, ID
My Commission Expires: 2/9/12

LETTERS TESTAMENTARY - 2

155161

NOTICE TO AMEND NAMES OF PARTICIPANTS ONLY:

Mule #1 and Mule #2; NMC #119058 and #119059 Lode Mining Claims in N¹/₂ Section 3, Township 26N, Range 48E MDEM in the Bullion District, in Eureka County, in the State of Nevada, owned by the following listed participants:

PARTICIPANTS:

Jay Scott
P.O. Box 67
CRESCENT VALLEY, NEVADA. 89821.

MAX MATHEWS
1351 Poplar Avenue
TWIN FALLS, IDAHO. 83301.

EDWARD R. SMITH
446 PIERCE
TWIN FALLS, IDAHO. 83301.

Effective date commencing the 11th day of August, 1993.

DATED THIS 17th day of September, 1994.

Jay Scott
Jay Scott, Participant.

STATE of NEVADA

County of Eureka

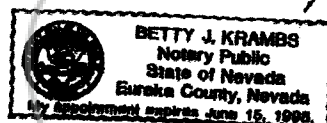
} ss.

ON THIS 17th DAY OF September, 1994, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE STATE OF NEVADA, PERSONALLY APPEARED JAY SCOTT, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT, AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate above written.

Betty J. Krambs
Notary Public in and for the
State of Nevada; Residing at
Crescent Valley, Nevada.

My commission expires: 15 June 1998



BOOK 275 PAGE 286
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Jay Scott
94 SEP 20 AM 10:13

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO.

FEES 7.00

155161

The following Document contains no Personal Information
as defined by NRS 603A.040

**AFFIDAVIT AND NOTICE OF INTENT TO HOLD
MINING CLAIM(S) AND SITE(S)**

TO ALL WHOM IT MAY CONCERN:

The undersigned certifies that the owner or claimant intended or
intends to hold the mining claim(s), mill site(s), and/or tunnel
site(s) listed below from 12:00 p.m. on September 1 of the year
before this affidavit was made and recorded, until 11:59 a.m. on
September 1 of the year that this affidavit was made and recorded.

9/1/19 - 9/1/20

The claim map showing said claim(s) is filed in the Eureka

EUREKA COUNTY, NV
Rec \$34.00
Total \$34.00
TODD R HOPPER

2019-239292
07/22/2019 10:28 AM
Pg: 1



LISA HOEHNE, CLERK RECORDER

RECORDER'S STAMP

County records.

Name of claim(s) or site(s):

Mulc 1-2

BLM Serial No(s):

NMC 857561 - 857562

A total number of 2 claims is being
filed with this document.

Name and mailing address of owner or claimant:

Scott, Mathews, and Smith
c/o Monic Smith - Owners
559 East 300 South
Jerome, ID 83338

Dated this 22 day of July, 2019

By Agent - Aquarian Mining Inc.
Owner, Claimant, Agent, or Lessee Signature

Todd R. Hopper

Owner, Claimant, Agent, or Lessee Name (printed)

202-569-9641

trhopper@gmail.com

STATE OF Nevada
COUNTY OF Eureka

Subscribed and sworn to by

(Owner, Claimant, Agent, or Lessee)
before me this 22nd
day of July, 2019



DIANE D. PODBORNÝ
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No. 13-10500-S - Expires March 12, 2021

Diane D. Podborny
NOTARY PUBLIC (Signature)

Suggested Form - Nevada Division of Minerals (REV 11/16/2007 LV)
Nevada Affidavit/Notice of Intent to Hold, NRS 517.230