

### AFFIDAVIT – DEATH OF GRANTOR

Todd R. Hopper, as President of Aquarian Mining Exploration, Inc., being duly sworn, deposes and says that Kenneth Jay Scott, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jay Scott, a single man, named as the grantor or as one of the grantors in the Grant Deed recorded on August 18, 2005, as instrument number 200524, Official Records of Eureka County, Nevada, covering the following described property:

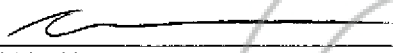
Lots 24 and 25, Block 14, of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map recorded in the office of the County Recorder of Eureka County, Nevada as File #34081.

APN: 002-036-25

Todd R. Hopper, as President of Aquarian Mining Exploration, Inc., is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Jay Scott, a single man, or is the authorized representative of the grantee or at least one of the grantees.

Dated: December 4, 2020

Aquarian Mining Exploration, Inc.

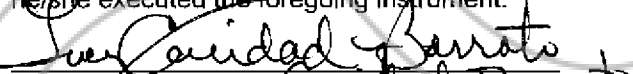


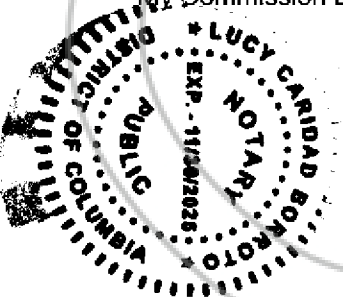
Todd R. Hopper, President

State of ~~Nevada~~ DC

County of ~~Eureka~~ DC

On the 4th day of December, 2020, there personally appeared before me, a Notary Public, Todd R. Hopper, as President of Aquarian Mining Exploration, Inc. who acknowledged to me that he/she executed the foregoing instrument.

  
Notary Public Lucy Caridad Borroto  
My Commission Expires: 11.30.2025



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4087966

2019012637  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kenneth Jay SCOTT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 19, 2019</b>	3a. COUNTY OF DEATH <b>Elko</b>
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Northeastern Nevada Regional Hospital (NNRH)</b>	3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 25, 1934</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Alberta</b>	
	9b. CITIZEN OF WHAT COUNTRY <b>Canada</b>		10. EDUCATION <b>16</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>
PARENTS	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
DISPOSITION	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>	15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>
	15d. STREET AND NUMBER <b>488 Fourth Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Kenneth Alonzo SCOTT</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy Margeret SELBY</b>	
	18a. INFORMANT- NAME (Type or Print) <b>Dale HOPPER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>374 Third Street Crescent Valley, Nevada 89821</b>	
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Madiens Grave Cemetery</b>	
	19c. LOCATION City or Town State <b>Crescent Valley Nevada 89821</b>		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b>	
REGISTRAR	20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 659 Elko NV 89803</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>WILLIAM WEBB CORONER</b> SIGNATURE AUTHENTICATED			
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) <b>June 26, 2019</b>		21c. HOUR OF DEATH <b>06:15</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo/Day/Yr) <b>June 19, 2019</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>William Webb CORONER 775 W Silver Street Elko, NV 89801</b>		22b. LICENSE NUMBER	
	23a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 27, 2019</b>	
STATE REGISTRAR	24. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Undetermined Etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death	
DATE ISSUED:	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.	28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY -At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				

STATE REGISTRAR

VRS-Rev-20120523a

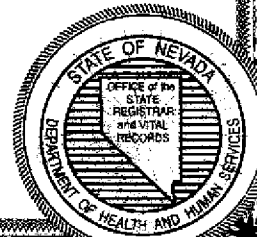


CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 16 2019**

*Jan J. [Signature]*  
STATE REGISTRAR  
Interim Administrator



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

