

### 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:

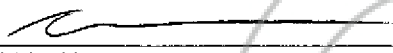
Lots 24 and 25, Block 14, of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map recorded in the office of the County Recorder of Eureka County, Nevada as File #34081.

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.

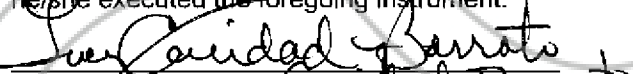


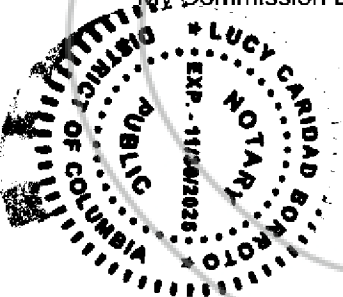
Todd R. Hopper, President

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) Emergency Room / Outpatient</b>	4. SEX <b>Male</b>
DECEDENT	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
	7c. UNDER 1 DAY	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 25, 1934</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>	15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>
DISPOSITION	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>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Madiens Grave Cemetery</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>	20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 659 Elko NV 89803</b>
CERTIFIER	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		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>WILLIAM WEBB CORONER</b> SIGNATURE AUTHENTICATED	
	21b. DATE SIGNED (Mo/Day/Yr) <b>June 26, 2019</b>	21c. HOUR OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) <b>June 26, 2019</b>	22c. HOUR OF DEATH <b>06:15</b>
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>June 19, 2019</b>	
	22e. PRONOUNCED DEAD AT (Hour) <b>06:15</b>		23a. 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>	
CAUSE OF DEATH	23b. LICENSE NUMBER		24. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 27, 2019</b>	24c. DEATH DUE TO COMMUNICABLE DISEASE
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I			Interval between onset and death
	(a) <b>Cardiac Arrest</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b) <b>Atherosclerotic Disease</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b>Undetermined Etiology</b>	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			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)	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.

