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Affidavit Statement

Title of Document

Affirmation Statement

~~M.E.D.~~ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

M.E.D. I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: _____
(State specific law)

Marie Elaine Davis
Signature Title

Marie Elaine Davis
Print

7/27/09
Date

Grantees address and mail tax statement:

MARIE E. DAVIS
4784 San Sebastian Ave
Las Vegas Nev. 89121



TO ALL WHOM IT MAY CONCERN:

Michael Davis' Mining Claims

I, Marie Elaine Davis, of Las Vegas, Nevada, the mother and one of the two lawful heirs of the deceased Michael Anthony Davis, of Las Vegas, Nevada, hereby relinquish all of Michael Anthony Davis' mining claims to my daughter, Andrea Marie Davis of Sandy Valley, Nevada. The claims that I am relinquishing are as follows:

Claim Name	BLM Recordation Serial Number
MIKI 1	0962392
MIKI 2	0962393
MIKI 3	0962394
MIKI 4	0962395
MIKI 5	0962396
MIKI 6	0962397
MIKI 10	0962398

Marie Elaine Davis
4684 San Sebastian Ave.
Las Vegas, Nevada 89121

Dated this 15 Day of July, 2009

By Marie E. Davis
Owner, Claimant, Agent, or Lessee Signature

Marie Elaine Davis
Owner, Claimant, Agent, or Lessee Name

State of Nevada
County of Clark

Subscribed and sworn to by
Marie E. Davis
(Owner, Claimant, Agent, or Lessee)

Before me this
Day of 7/15/09, 2009

Karen Jo Salmon
NOTARY PUBLIC STATE OF NEVADA
My Appointment Expires 04/29/2012
Appointment No.

Karen Jo Salmon
Notary Public (Signature)

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2009005072
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Michael Anthony DAVIS		2. DATE OF DEATH (Mo/Day/Year) April 09, 2009		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Intersection of Stephanie Street and Russell Road		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7. a. AGE - Last birthday (Years) 41	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Waiter		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	15d. STREET AND NUMBER 4784 San Sebastian Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
	16. FATHER - NAME (First Middle Last Suffix) Armond Charles DAVIS II			17. MOTHER - NAME (First Middle Last Suffix) Marie Elaine TAMASI		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Armond C DAVIS II		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4650 Greenbush Drive Concord, California 94521			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ALANE OLSON M.D. SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH 17:45			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD AT (Hour) 17:45			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alane Olson M.D. 1704 Pinto Lane Las Vegas, NV 89106				23b. LICENSE NUMBER 9482	
	24a. REGISTRAR (Signature) CARLEEN MOSS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 13, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Multiple skull fractures				Interval between onset and death	
(b) Blunt force injuries of the head				Interval between onset and death		
(c) 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		
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		26b. DATE OF INJURY (Mo/Day/Yr) April 09, 2009		26c. HOUR OF INJURY 1530		
26d. DESCRIBE HOW INJURY OCCURRED Unrestrained driver of vehicle that rolled		27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) Yes				
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Street		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE Intersection of Stephanie Street and Russell Road Henderson Nevada		

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: *[Signature]*
Date Issued:

APR 15 2009