

Official Record

Recording requested By  
MARIE E. DAVIS

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4  
RPTT: Recorded By: DP  
Book- 250 Page- 0168



APN \_\_\_\_\_

APN \_\_\_\_\_

APN \_\_\_\_\_

Title of Document

Affirmation Statement

\_\_\_\_\_ 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)

APD 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)

Armond Charles Davis II  
Signature Title

ARMOND CHARLES DAVIS II  
Print

8-12-09  
Date

Grantees address and mail tax statement:

ARMOND C. DAVIS  
4650 GREENBUSH DR.  
CONCORD, CA 94521

TO ALL WHOM IT MAY CONCERN:

Michael Davis' Mining Claims

I, Armond Charles Davis II, of Concord, California, the father 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

Armond Charles Davis II  
4650 Greenbush Dr.  
Concord, CA 94521

Dated this 7 Day of July, 2009

By [Signature]  
Owner, Claimant, Agent, or Lessee Signature

Armond Charles Davis II  
Owner, Claimant, Agent, or Lessee Name

*See attached California Jurat  
Robyn Lynn Schilling A Notary  
Public, 7-7-09*

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_

(Owner, Claimant, Agent, or Lessee)

Before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 2009

\_\_\_\_\_  
Notary Public (Signature)



0134109

Book 250

08/14/2009

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) <b>Michael Anthony DAVIS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 09, 2009</b>		3a. COUNTY OF DEATH <b>Clark</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Intersection of Stephanie Street and Russell Road</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)		
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>41</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
	7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 09, 1967</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10 EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER [REDACTED]	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Waiter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>	
PARENTS	15c. CITY, TOWN OR LOGATION <b>Las Vegas</b>		15d. STREET AND NUMBER <b>4784 San Sebastian Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16 FATHER - NAME (First Middle Last Suffix) <b>Armond Charles DAVIS II</b>	
	17 MOTHER - NAME (First Middle Last Suffix) <b>Marie Elaine TAMASI</b>		18a. INFORMANT- NAME (Type or Print) <b>Armond C DAVIS II</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4650 Greenbush Drive Concord, California 94521</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
DISPOSITION	19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>50</b>	
	20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Eastern</b> 7600 S Eastern Las Vegas NV 89123		TRADE CALL - NAME AND ADDRESS		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>ALANE OLSON M.D.</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>ALANE OLSON M.D.</b> SIGNATURE AUTHENTICATED	
TRADE CALL	21b. DATE SIGNED (Mo/Day/Yr) <b>April 13, 2009</b>		21c. HOUR OF DEATH <b>17:45</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>April 13, 2009</b>		22c. HOUR OF DEATH <b>17:45</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 09, 2009</b>		22e. PRONOUNCED DEAD AT (Hour) <b>17:45</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Alane Olson M.D. 1704 Pinto Lane Las Vegas, NV 89106</b>	
CERTIFIER	23b. LICENSE NUMBER <b>9482</b>		24a. REGISTRAR (Signature) <b>CARLEEN MOSS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 13, 2009</b>		24c. 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 (a) <b>Multiple skull fractures</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Blunt force injuries of the head</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>		Interval between onset and death		Interval between onset and death		Interval between onset and death	
REGISTRAR	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>April 09, 2009</b>		28c. HOUR OF INJURY <b>1530</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>Unrestrained driver of vehicle that rolled</b>	
	28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Street</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>Intersection of Stephanie Street and Henderson Nevada</b>		27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) <b>Yes</b>	
CAUSE OF DEATH	28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Street</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>Intersection of Stephanie Street and Henderson Nevada</b>		27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) <b>Yes</b>	
	28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Street</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>Intersection of Stephanie Street and Henderson Nevada</b>		27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) <b>Yes</b>	

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:

Date Issued:

APR 15 2009