

NOTICE!!

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GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/23/2019



Box Number= AZ15087



Claim Begin-End: AMC385808-AMC385808

1 Initial Receipt



AZ15087-6

AMC385403-AMC386592

United States Department of the Interior
Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: (602) 417-9200

Receipt

No: 1562673

Transaction #: 1614405	
Date of Transaction: 09/06/2007	
CUSTOMER:	FABIAN GONZALES 11502 E CRESCENT ST MESA, AZ 85220

OCT 16 2007
DATA OK AB

ENTERED INTO COMPUTER
9/26/07 DJJ

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NEW, UNADJUD, ONE OR MORE AUTH NOS / NEW MINING CLAIM LOCATION FEE \$30 (1993) CASES: AMC385808/\$30.00		- n/a -	30.00
2	1.00	LOCATABLE MINERALS / MINING CLAIMS- NEW, UNADJUD, ONE OR MORE AUTH NOS / NEW MINING CLAIM PROCESSING FEE \$15 (1930) CASES: AMC385808/\$15.00		- n/a -	15.00
3	1.00	LOCATABLE MINERALS / MINING CLAIMS- NEW, UNADJUD, ONE OR MORE AUTH NOS / NEW MINING CLM MAINT FEE \$125 (1993) CASES: AMC385808/\$125.00		- n/a -	125.00
TOTAL:					\$170.00

PAYMENT INFORMATION			
1	AMOUNT:	\$170.00	POSTMARKED: N/A
	TYPE:	CHECK	RECEIVED: 09/06/2007
	CHECK NO:	3244	
	NAME:	GONZALES, FABIAN 11502 E CRESCENT ST MESA AZ 85220	

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

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GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/23/2019



Box Number= AZ15087



Claim Begin-End: AMC385808-AMC385808

2 Correspondence



AZ15087-6

AMC385403-AMC386592

**NO
DOCUMENTS
FOUND**

NO DOCUMENTS FOUND
NO DOCUMENTS FOUND

NOTICE!!

These documents have been scanned!

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Do not remove this notice from this file!

GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/23/2019



Box Number= AZ15087



Claim Begin-End: AMC385808-AMC385808

3 Transfers



AZ15087-6

AMC385403-AMC386592

PREPARED BY:

Brigid Gonzales
901 E Van Buren Apt 1092
Phoenix, AZ 85006

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Brigid Gonzales
901 E Van Buren Apt 1092
Mesa, AZ 85006

MAIL TAX STATEMENTS TO:

Brigid Gonzales
901 E Van Buren Apt 1092
Phoenix, AZ 85006

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

RECEIVED
BLM AZ STATE OFFICE
2013 MAY 21 A 11:05
PHOENIX, ARIZONA

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS QUITCLAIM DEED, made and entered into on the 17 day of May, 2013, between Fabian C. Gonzales, whose address is 11502 E Crescent Ave, Mesa, Arizona 85208, and Jacqueline S. Gonzales, whose address is 11502 E Crescent Ave, Mesa, Arizona 85208, a married couple("Grantors"), and Brigid Gonzales, a single person, whose address is 901 E Van Buren Apt 1092, Mesa, Arizona 85006 ("Grantee").

For and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantors hereby Remise, Release, AND FOREVER Quitclaim to Grantee, the property located in Maricopa County, Arizona, described as:

JAME Claim AMC # 385808 through Bureau of Land Management

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

Grantors grant all of the Grantors' rights, title and interest in and to all of the above described property and premises to the Grantee, and to the Grantee's heirs and assigns forever in fee simple, so that neither Grantors nor Grantors' heirs legal representatives or assigns shall have, claim, or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax/Parcel ID Number: _____

6/27/2013 JS
ENTERED INTO COMPUTER

IN WITNESS WHEREOF the Grantors have executed this deed on the 17 day of May, 2013.

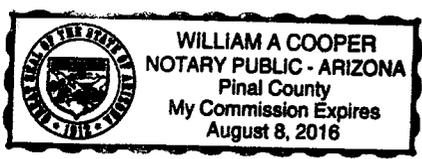
Date
5/17/13

Fabian C. Gonzales, Grantor
Jacqueline S. Gonzales
Jacqueline S. Gonzales, Grantor

State of Arizona
County of Pinal

On this the 17th day of May, 2013 before me personally appeared Jacqueline S. Gonzales (only), whom I ~~know personally~~, and acknowledged that they executed the same. Verified I.D. (wac)

William A. Cooper
Notary Public



(seal)

IN WITNESS WHEREOF the Grantee has executed this deed on the 17th day of May, 2013.

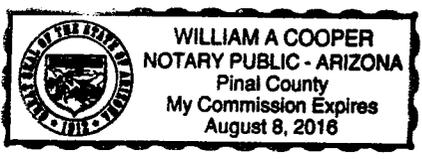
Date
5/17/13

Brigid Gonzales
Brigid Gonzales, Grantee

State of Arizona
County of Pinal

On this the 17th day of May, 2013 before me personally appeared Brigid Gonzales, whom I ~~know personally~~, and acknowledged that they executed the same. Verified I.D. (wac)

William A. Cooper
Notary Public



(seal)

PHOENIX, ARIZONA
2013 MAY 21 A 11:05
RECEIVED
CLM AZ STATE OFFICE

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2013-019116

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) FABIAN C GONZALES			2. AKA'S (IF ANY)		3. DATE OF DEATH APRIL 26, 2013	
4. SEX MALE	5. SOCIAL SECURITY NUMBER: 524-44-3892	6. DATE OF BIRTH 12/23/1938	7. AGE 74	8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): BANNER BAYWOOD MEDICAL CENTER			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: MESA 85206		16. COUNTY OF DEATH: MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) WALSENBURG, COLORADO		18. MARITAL STATUS AT TIME OF DEATH: MARRIED	19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) JACQUELINE ANN SHULER			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 11502 E CRESCENT AVE		21. CITY AND COUNTY: MESA, MARICOPA	22. STATE ARIZONA	23. ZIP CODE 85208	24. EVER IN THE ARMED FORCES NO	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input checked="" type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:		
28. OCCUPATION: CARPENTER		29. FATHER'S NAME (FIRST, MIDDLE, LAST) ALFONSO GONZALES				
31. INFORMANT'S NAME JACQUELINE ANN GONZALES		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) ERALIA OLGUIN				
34. NAME AND ADDRESS OF FUNERAL FACILITY: SONORAN SKIES MORTUARY 5650 E. MAIN STREET, MESA, AZ		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 11502 E CRESCENT AVE, MESA, ARIZONA 85208		
35. FUNERAL DIRECTOR: DEBBY HOLEMAN, FUNERAL DIRECTOR			36. LICENSE NUMBER: F1321			
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SAGUARO VALLEY CREMATION SERVICES, MESA, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I						
IMMEDIATE CAUSE OF DEATH	40. A ACUTE RESPIRATORY FAILURE				41. APPROXIMATE INTERVAL: 1 DAY	
DUE TO OR AS A CONSEQUENCE OF:	42. B ACUTE RENAL FAILURE				43. APPROXIMATE INTERVAL: 4 DAYS	
DUE TO OR AS A CONSEQUENCE OF:	44. C SUSPECTED HEPATORENAL SYNDROME				45. APPROXIMATE INTERVAL: 4 DAYS	
DUE TO OR AS A CONSEQUENCE OF:	46. D LIVER CIRRHOSIS, HEPATITIS C				47. APPROXIMATE INTERVAL: YEARS	
CAUSE OF DEATH PART II						
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 1030
			53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION						
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: PAUL KOUNG KIM, M.D.		56. DATE CERTIFIED: 04/30/2013	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.			57. CERTIFIER'S ADDRESS: 2510 W DUNLAP ST., STE. 290 PHOENIX, AZ 85021		58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ	
					59. DATE REGISTERED 05/14/2013	

DATE ISSUED: 05/17/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

United States Department of the Interior
Bureau of Land Management
 LANDS/RECREATION & PLANNING
 ONE N CENTRAL AVE
 PHOENIX, AZ 85004 -2203
 Phone: 602-417-9200

Receipt

No: 2797314

Transaction #: 2882168	
Date of Transaction: 05/21/2013	
CUSTOMER:	
FABIAN GONZALES 11502 E CRESCENT AVE MESA, AZ 85208-5518 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$10.00	TRF (1)	- n/a -	10.00
TOTAL:					\$10.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".			
1	AMOUNT:	10.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 05/21/2013
	NAME:	GONZALES, BRIGID 901 E VAN BUREN APT 1092 PHOENIX AZ 85006	
	CARD NO:	XXXXXXXXXXXX6822	AUTH CODE: 02148R
	NAME ON CARD:	BRIGID GONZALES	
	EXPIRES:	04/2018	
	SIGNATURE:		

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

*See attached
AK 7-29-13
7/29/2013
13*

July 30, 2013

In Reply Refer To:
3800 (9310) TS
AMC385808

CERTIFIED MAIL – RETURN RECEIPT REQUESTED 7012 3050 0001 1019 4392

NOTICE

BRIGID GONZALES
901 E. VAN BUREN APT 1092
PHOENIX, AZ. 85006

:
:

This Decision Affects Those Claims
Shown in the Block Below.

AMC385808
JAME

Transfer(s) Not Processed

A conveyance document to transfer ownership of the mining claim(s) listed above was received by the Bureau of Land Management (BLM) Arizona State Office. The transfer(s) of ownership cannot be processed for the following reason(s):

If you would like to remove Fabian Gonzales from the claim, the following documents are needed in addition to the death certificate:

- 1) Proof of who has signing authority to sign on behalf of Fabian Gonzales. This can be a copy of the will or a document from probate court declaring who is the executor of the will.
- 2) In addition, a transfer document is required to transfer ownership. It should be from Fabian Gonzales and signed by the executor of the will, on behalf of Fabian Gonzales.

If appropriate, please submit a corrected conveyance document, required documents, or additional fees, within 30 days of your receipt of this notice. If the required information is not received within the 30-day timeframe, no further action will be taken, and the BLM will retain the non-refundable processing fees submitted.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIGID GONZALES
901 E. VAN BUREN APT 1092
PHOENIX, AZ. 85006

931/TS/AMC385808

2. Article Number

(Transfer from service label)

7012 3050 0001 1019 4392

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent AddresseeB. Received by (*Printed Name*)

Miranda Landers

C. Date of Delivery

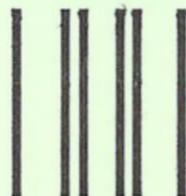
8/9/13

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

UNITED STATES POSTAL SERVICE

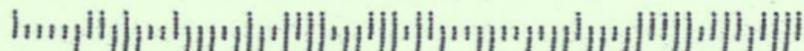


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

U.S. Department of the Interior
Bureau Of Land Management
Arizona State Office
One North Central Avenue
Phoenix, AZ 85004-4427

004442700



7/1/2013
ATTORNEY
7/25/13

July 30, 2013

In Reply Refer To:
3800 (9310) TS
AMC385808

CERTIFIED MAIL – RETURN RECEIPT REQUESTED 7012 3050 0001 1019 4392

NOTICE

BRIGID GONZALES
901 E. VAN BUREN APT 1092
PHOENIX, AZ. 85006

:
:

This Decision Affects Those Claims
Shown in the Block Below.

AMC385808
JAME

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If appropriate, please submit a corrected conveyance document, required documents, or additional fees, within 30 days of your receipt of this notice. If the required information is not received within the 30-day timeframe, no further action will be taken, and the BLM will retain the non-refundable processing fees submitted.

If additional information is required, please contact Tony Smith, at 602-417-9355. Please include your AMC serial number(s) on all correspondence.

/s/ Rebecca Heick
Rebecca Heick
Group Administrator
Lands and Minerals

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GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/23/2019



Box Number= AZ15087



Claim Begin-End: AMC385808-AMC385808

4 Annual Filings



AZ15087-6

AMC385403-AMC386592

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS

Run Date/Time: 8/8/2019

MC Maintenance Fees Paid Through the BLM Pay Portal
(by Date Paid)

Page 135 Of 189

CBS Receipt: 4523664

Printed For Lead File # AMC385808

Agency Tracking ID: 1564889265

Assessment Year: 2020

Number of BLM Serial Nr: 1

Paid On: 8/4/2019

Total Amount Paid: \$165.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JAME	AMC385808	AMC385808	\$165.00

United States Department of the Interior
Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: 602-417-9200

Receipt	
No:	4523664

Transaction #: 4644363	
Date of Transaction: 08/03/2019	
CUSTOMER:	
BRIGID GONZALES 2006 S JOLIET CT AURORA,CO 80014 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$165.00		- n/a -	165.00
TOTAL:					\$165.00

PAYMENT INFORMATION					
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".					
1	AMOUNT:	165.00	POSTMARKED:	N/A	
	TYPE:	CREDIT CARD	RECEIVED:	08/03/2019	
	NAME:	BRIGID GONZALES 2006 S JOLIET CT AURORA CO 80014 US			
	CARD NO:	XXXXXXXXXXXX6499	AUTH CODE:	05687D	
	NAME ON CARD:	BRIGID GONZALES			
	SIGNATURE:	INTERNET			

REMARKS

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Run Date: 07/23/18

Run Time: 04:31 PM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 4198643

Printed For Lead File # AMC385808

Agency Tracking ID: 1530105333

Assessment Year: 2019

Number of BLM Serial Nr: 1

Paid On: 06/27/2018

Total Amount Paid: \$155.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JAME	AMC385808	AMC385808	\$155.00

United States Department of the Interior
Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: 602-417-9200

Receipt

No: 4198643

Transaction #: 4313505	
Date of Transaction: 06/27/2018	
CUSTOMER:	
BRIGID GONZALES 1580 ZENOBIA ST DENVER, CO 80204 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$155.00		- n/a -	155.00
TOTAL:					\$155.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".			
1	AMOUNT:	155.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 06/27/2018
	NAME:	BRIGID GONZALES 1580 ZENOBIA ST DENVER CO 80204 US	
	CARD NO:	XXXXXXXXXXXX6499	AUTH CODE: 08615D
	NAME ON CARD:	BRIGID GONZALES	
	SIGNATURE:		

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

Run Date: 07/31/17

Run Time: 02:19 PM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3905301

Printed For Lead File # AMC385808

Agency Tracking ID: 1501012296

Number of BLM Serial Nr: 1

Assessment Year: 2018

Total Amount Paid: \$155.00

Paid On: 07/25/2017

Claim Name	BLM Serial No	Lead File No	Amount Paid
JAME	AMC385808	AMC385808	\$155.00

United States Department of the Interior
Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: 602-417-9200

Receipt

No: 3905301

Transaction #: 4014678	
Date of Transaction: 07/25/2017	
CUSTOMER:	
BRIGID GONZALES 150 W 9TH AVE DENVER, CO 80204 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$155.00		- n/a -	155.00
TOTAL:					\$155.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".			
1	AMOUNT:	155.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 07/25/2017
	NAME:	BRIGID GONZALES 150 W 9TH AVE DENVER CO 80204 US	
	CARD NO:	XXXXXXXXXXXX6499	AUTH CODE: 06751D
	NAME ON CARD:	BRIGID GONZALES	
	EXPIRES:	04/2021	
	SIGNATURE:		

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

Run Date: 08/25/16

Run Time: 05:50 AM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3623058

Printed For Lead File # **AMC385808**

Agency Tracking ID: 1470621736

Number of BLM Serial Nr: 1

Assessment Year: 2017

Paid On: 08/07/2016

Total Amount Paid: \$155.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JAME	AMC385808	AMC385808	\$155.00

**United States Department of the Interior
Bureau of Land Management
BUSINESS & SUPPORT SVCS DIV
ONE N CENTRAL AVE SUITE 800
PHOENIX, AZ 85004 -4427
Phone: (602) 417-9200**

Receipt

No: 3623058

Transaction #: 3726785	
Date of Transaction: 08/07/2016	
CUSTOMER:	
BRIGID J GONZALES 2482 E ROMA AVE PHOENIX,AZ 85016 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$155.00		- n/a -	155.00
TOTAL:					\$155.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".			
1	AMOUNT:	155.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 08/07/2016
	NAME:	BRIGID J GONZALES 2482 E ROMA AVE PHOENIX AZ 85016 US	
	CARD NO:	XXXXXXXXXXXX7447	AUTH CODE: 05671B
	NAME ON CARD:	BRIGID J GONZALES	
	EXPIRES:	08/2018	
	SIGNATURE:		

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

Run Date: 08/27/15

Run Time: 08:15 AM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3369384

Printed For Lead File # AMC385808

Agency Tracking ID: 1439826443

Number of BLM Serial Nr: 1

Assessment Year: 2016

Total Amount Paid: \$155.00

Paid On: 08/17/2015

Claim Name	BLM Serial No	Lead File No	Amount Paid
JAME	AMC385808	AMC385808	\$155.00

United States Department of the Interior
Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: (602) 417-9200

Receipt

No: 3369384

Transaction #: 3467503	
Date of Transaction: 08/17/2015	
CUSTOMER:	
BRIGID GONZALES 2482 E ROMA AVE PHOENIX,AZ 85016 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$155.00		- n/a -	155.00
TOTAL:					\$155.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".			
1	AMOUNT:	155.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 08/17/2015
	NAME:	BRIGID GONZALES 2482 E ROMA AVE PHOENIX AZ 85016 US	
	CARD NO:	XXXXXXXXXXXX7447	AUTH CODE: 05698B
	NAME ON CARD:	BRIGID GONZALES	
	EXPIRES:	08/2018	
	SIGNATURE:		

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

**United States Department of the Interior
Bureau of Land Management
BUSINESS & SUPPORT SVCS DIV
ONE N CENTRAL AVE SUITE 800
PHOENIX, AZ 85004 -4427
Phone: (602) 417-9200**

Receipt

No: 3106240

Transaction #: 3197888	
Date of Transaction: 08/19/2014	
CUSTOMER:	
	BRIGID J GONZALES 2482 E ROMA AVE PHOENIX,AZ 85016

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$155.00		- n/a -	155.00
TOTAL:					\$155.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".			
1	AMOUNT:	155.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 08/19/2014
	NAME:	BRIGID J GONZALES 2482 E ROMA AVE PHOENIX AZ 85016	
	CARD NO:	XXXXXXXXXXXX2307	AUTH CODE: 09118B
	NAME ON CARD:	BRIGID J GONZALES	
	EXPIRES:	06/2017	
	SIGNATURE:		

REMARKS

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**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS
(MASS) Serial Register Page**

RunDate/Time:08/20/14 04:19 PM

Page: 3 of 10

01 05-10-1872;017STAT0091;30USC26,28,34
Case Type 384101: LODE CLAIM
Commodity:
Claim Name: JAME
Case Disposition: ACTIVE
Required Maintenance Fee: \$155.00

Total Acres
20.660

Serial Number
AMC385808
Lead File Number
AMC385808

<u>Name & Address</u>	<u>Int Rel</u>
GONZALES BRIGID 901 E VAN BUREN ST APT 1092 PHOENIX, AZ 85006-4025	CLAIMANT

<u>County/State</u>	<u>District</u>
MARICOPA County, AZ	PHOENIX DO

<u>Mer Twp</u>	<u>Rng</u>	<u>Sec</u>	<u>Subdivision</u>
14	0030N	0100E	032 SW

<u>Act Date</u>	<u>Code</u>	<u>Action Text</u>	<u>Action Remarks</u>	<u>Receipt Number</u>
09/06/2007	403	LOCATION DATE		
09/06/2007	395	RECORDATION NOTICE RECD	1	1562673
08/22/2013	682	MAINTENANCE FEE/\$140	2014;\$140	2862528
09/04/2012	682	MAINTENANCE FEE/\$140	2013;\$140	2675719
08/30/2011	682	MAINTENANCE FEE/\$140	2012	2419771
08/16/2010	682	MAINTENANCE FEE/\$140	2011	2191832
08/19/2009	682	MAINTENANCE FEE/\$140	2010	1982034
08/22/2008	582	MAINTENANCE FEE/\$125	2009	1768132
09/06/2007	484	LOCATION YEAR / MAINTENAN	2008	1562673
05/21/2013	396	TRF OF INTEREST FILED	GONZALES FABIAN C	2797314
05/21/2013	396	TRF OF INTEREST FILED	GONZALES JACQUELINE S	2797314
03/05/2008	669	LAND STATUS CHECKED		
09/06/2007	501	ACCT ADV IN LEAD FILE	AMC385808;	

<u>Line Nr</u>	<u>Remarks</u>
----------------	----------------

MAINTENANCE FEE PAYMENT

Claimant Name: Brigid Gonzales
 Address: 901 E. Van Buren apt 1092
 City: Mesa State: AZ Zip: 85006
 Telephone: 480-251-3055
 E-mail address: Brigid365@yahoo.com
 Signature: [Handwritten Signature]

RECEIVED
 BLM AZ STATE OFFICE
 2013 AUG 22 P 2:18
 PHOENIX, ARIZONA
 BLM
 Date
 Stamp

Check here if this is a change of address.

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	385808	JAME				
2						
3						
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10						

List additional claims on Form MCF114.

Bureau of Land Management
 Arizona State Office
www.blm.gov/az/

ENTERED
 AUG 28 2013
 [Handwritten Initials]

No. of Claims: 1 x \$140 = 140
 Check No: VISA Init. NCH
 Receipt No.: 2862528
 For BLM Use Only

Form: MCF112
 Revised July 2009

United States Department of the Interior
Bureau of Land Management
 LANDS/RECREATION & PLANNING
 ONE N CENTRAL AVE
 PHOENIX, AZ 85004 -2203
 Phone: 602-417-9200

Receipt

No: 2862528

Transaction #: 2948412	
Date of Transaction: 08/22/2013	
CUSTOMER:	
BRIGID GONZALES 901 E VAN BUREN APT 1092 MESA, AZ 85006 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$140.00	MAINT 2014/1	- n/a -	140.00
TOTAL:					\$140.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".			
1	AMOUNT:	140.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 08/22/2013
	NAME:	GONZALES, BRIGID 901 E VAN BUREN APT 1092 MESA AZ 85006 US	
	CARD NO:	XXXXXXXXXXXX2452	AUTH CODE: 344493
	NAME ON CARD:	BRIGID GONZALES	
	EXPIRES:	12/2015	
	SIGNATURE:		

REMARKS

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AMC 385808

MAINTENANCE FEE PAYMENT

Claimant Name: FABIAN C GONZALEZ
Address: 11502 E CRESCENT ST
City: ME SA State: AZ Zip: 85208
Telephone: 480-241-9028
E-mail address: CLM@Gold & MIN. COM
Signature: Fabian C Gonzalez

Check here if this is a change of address.

RECEIVED
BLM AZ STATE OFFICE
2012 AUG 20 P 12: 20
PHOENIX, ARIZONA
BLM
Date
Stamp

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	351249 385808	JAME				
2						
3						
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5						
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8						
9						
10						

Rod, the
Maint Fee Payment
should have been on
AMC 385808. made

List additional claims on Form MCF114.

No. of Claims: 1 x \$140 = 140
Check No: CC Init. SC
Receipt No.: 2634804
For BLM Use Only

Bureau of Land Management
Arizona State Office
www.blm.gov/az/

Form: MCF112
Revised July 2009

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ENTERED IN COMPUTER
RE 10/25/12

United States Department of the Interior
Bureau of Land Management
 LANDS/RECREATION & PLANNING
 ONE N CENTRAL AVE
 PHOENIX, AZ 85004 -2203
 Phone: 602-417-9200

Receipt

No: 2675719

Transaction #: 2757050	
Date of Transaction: 10/18/2012	
CUSTOMER:	
FABIAN GONZALES 11502 E CRESCENT AVE MESA, AZ 85208-5518 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$140.00	MAINT (1)	- n/a -	140.00
TOTAL:					\$140.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".			
1	AMOUNT:	140.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 10/18/2012
	NAME:	GONZALES, FABIAN 11502 E CRESCENT AVE MESA AZ 85208-5518 US	
	CARD NO:	XXXXXXXXXXXX4116	AUTH CODE: 489258
	NAME ON CARD:	FABIAN C GONZALES	
	EXPIRES:	07/2014	
	SIGNATURE:		

REMARKS

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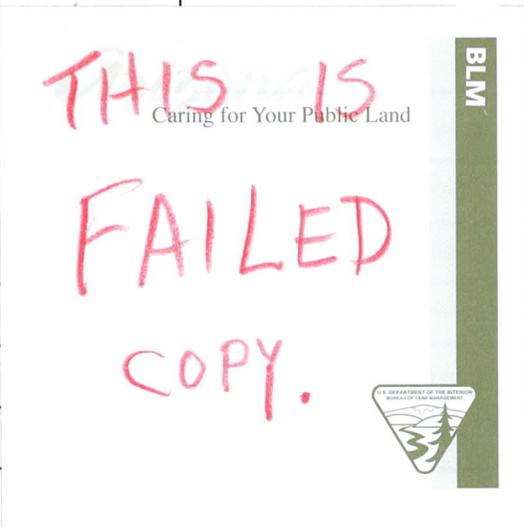
MAINTENANCE FEE PAYMENT

Claimant Name: FABIAN C GONZALEZ
 Address: 11502 E CRESCENT ST
 City: ME SA State: AZ Zip: 85208
 Telephone: 480-241-9028
 E-mail address: CLASH@oldofusa.com
 Signature: [Handwritten Signature]

Check here if this is a change of address.

RECEIVED
 BLM AZ STATE OFFICE
 2012 AUG 20 P 12: 20
 PHOENIX, ARIZONA
 BLM
 Date
 Stamp

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	351249	JAME				
2						
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Rod, the
 Maint Fee Payment
 should have been on
 AMC 385808. made

List additional claims on Form MCF114.

Bureau of Land Management
Arizona State Office
www.blm.gov/az/

No. of Claims: 1 x \$140 = 140
 Check No: CC Init. SC
 Receipt No.: 2634804
For BLM Use Only

Form: MCF112
 Revised July 2009

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United States Department of the Interior
 Bureau of Land Management
 LANDS/RECREATION & PLANNING
 ONE N CENTRAL AVE
 PHOENIX, AZ 85004 -2203
 Phone: 602-417-9200

Receipt

No: 2634804

Transaction #: 2715364	
Date of Transaction: 08/20/2012	
CUSTOMER:	
FABIAN GONZALES 11502 E CRESCENT AVE MESA, AZ 85208-5518 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC351249/\$140.00	MAINT (1) 2013	- n/a -	140.00
TOTAL:					\$140.00

PAYMENT INFORMATION					
NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".					
1	AMOUNT:	140.00	POSTMARKED:	N/A	
	TYPE:	CREDIT CARD	RECEIVED:	08/20/2012	
	NAME:	GONZALES, FABIAN 11502 E CRESCENT AVE MESA AZ 85208-5518 US			
	CARD NO:	XXXXXXXXXXXX4116	AUTH CODE:	728513	
	NAME ON CARD:	FABIAN C GONZALES			
	EXPIRES:	07/2014			
	SIGNATURE:				

REMARKS

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AMC 385808

MAINTENANCE FEE PAYMENT

Claimant Name: FABIAN C GONZALEZ
Address: 11502 E CRESCENT AVE.
City: MESA State: AZ Zip: 85208
Telephone: 480-357-2281
E-mail address: Clem Hboldt@MGN.COM
Signature: Fabian C Gonzalez

Check here if this is a change of address.

RECEIVED
AZ STATE OFFICE
2011 AUG 30 A 10:45
PHOENIX, ARIZONA
BLM
Date
Stamp

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	385808	JAMIE				
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List additional claims on Form MCF114.

Bureau of Land Management
Arizona State Office
www.blm.gov/az

No. of Claims: 1 x \$140 = 140
Check No: 3331 Init. FMC
Receipt No.: 2419771
For BLM Use Only

Form: MCF112
Revised July 2009

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ENTERED INTO COMPUTER
9/8/11 AT

United States Department of the Interior

Bureau of Land Management

LANDS/RECREATION & PLANNING

ONE N CENTRAL AVE

PHOENIX, AZ 85004 -2203

Phone: 602-417-9200

Receipt

No:

2419771

Transaction #: 2495192	
Date of Transaction: 08/30/2011	
CUSTOMER:	
FABIAN GONZALES 11502 E CRESCENT AVE MESA, AZ 85208-5518 US	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$140.00	MAINT 2012/1	- n/a -	140.00
TOTAL:					\$140.00

PAYMENT INFORMATION					
1	AMOUNT:	140.00	POSTMARKED:	N/A	
	TYPE:	CHECK	RECEIVED:	08/30/2011	
	CHECK NO:	3331			
	NAME:	GONZALES, FABIAN 11502 E CRESCENT AVE MESA AZ 85208-5518 US			

REMARKS

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AMC 385808

MAINTENANCE FEE PAYMENT

Claimant Name: FABIAN C GONZALES
Address: 11502 E CRESCENT AVE
City: MESA State: AZ Zip: 85208 ✓
Telephone: 480 357-2281
E-mail address: CLEM4GOLD@MSN.com
Signature: Fabian C Gonzalez

Check here if this is a change of address.

RECEIVED
BLM AZ STATE OFFICE
2010 AUG 16 P 1:02
PHOENIX, ARIZONA
BLM
Date
Stamp

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	385808	SAME				
2						
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ENTERED INTO COMPUTER
MA

List additional claims on Form MCF114.

Bureau of Land Management
Arizona State Office
www.blm.gov/az/

No. of Claims: 1 x \$140 = 140.00
Check No: 3321 Init. AA
Receipt No.: 2191832
For BLM Use Only

Form: MCF112
Revised July 2009

United States Department of the Interior
Bureau of Land Management
 LANDS/RECREATION & PLANNING
 ONE N CENTRAL AVE
 PHOENIX, AZ 85004 -2203
 Phone:

Receipt

No:

2191832

Transaction #: 2261595		ENTERED INTO COMPUTER
Date of Transaction: 08/16/2010		
CUSTOMER:	FABIAN GONZALES 11502 E CRESCENT AVE MESA, AZ 85208-5518 US	AUG 24 2010

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$140.00	MAINT FEE PYMNT (1) 2011	- n/a -	140.00
TOTAL:					\$140.00

PAYMENT INFORMATION			
1	AMOUNT:	140.00	POSTMARKED: N/A
	TYPE:	CHECK	RECEIVED: 08/16/2010
	CHECK NO:	3321	
	NAME:	GONZALES, FABIAN 11502 E CRESCENT AVE MESA AZ 85208-5518 US	

REMARKS

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AMC 385808

MAINTENANCE FEE PAYMENT

Claimant Name: FABIAN C GONZALEZ
Address: 11502 E. CRESCENT AVE
City: MESSA State: AZ Zip: 85208
Telephone: 480-357-2281
E-mail address: CLM4Gold@MSN.COM
Signature: Fabian C Gonzalez

RECEIVED
BLM AZ STATE OFFICE
2009 AUG 19 P 2:14
PHOENIX, ARIZONA
BLM
Date
Stamp

Check here if this is a change of address.

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	L385808	SAME				
2						
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List additional claims on Form MCF114.

Bureau of Land Management
Arizona State Office
www.blm.gov/az/

No. of Claims: 1 x \$140 = 140.00
Check No: 3307 Init. EDG
Receipt No.: 1982034
For BLM Use Only

Form: MCF112
Revised July 2009

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United States Department of the Interior
Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: (602) 417-9200

Receipt

No: 1982034

Transaction #: 2046092	
Date of Transaction: 08/19/2009	
CUSTOMER:	FABIAN GONZALES 11502 E CRESCENT AVE MESA, AZ 85208-5518 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC385808/\$140.00	2010 MAINT (1)	- n/a -	140.00
TOTAL:					\$140.00

PAYMENT INFORMATION					
1	AMOUNT:	140.00	POSTMARKED:	N/A	
	TYPE:	CHECK	RECEIVED:	08/19/2009	
	CHECK NO:	3307			
	NAME:	GONZALES, FABIAN 11502 E CRESCENT AVE MESA AZ 85208-5518 US			

REMARKS

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AMC 385808

MAINTENANCE FEE PAYMENT

Claimant Name: FABIAN C GONZALEZ
Address: 11502 E CRESCENT AVE
City: MESA State: AZ Zip: 85208
Telephone: 480-357-2281
E-mail address: _____
Signature: Fabian C Gonzalez

RECEIVED
BLM AZ STATE OFFICE
2008 AUG 22 A 9:04
PHOENIX, ARIZONA
BLM
Date
Stamp

Check here if this is a change of address.

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	385808	JAME				
2						
3						
4	SEP 09 2008	PB				
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ENTERED INTO COMPUTER

List additional claims on Form MCF114.

Bureau of Land Management
Arizona State Office
www.az.blm.gov

No. of Claims: 1 x \$125 = 125
Check No: CC Init. CMC
Receipt No.: 1768132
For BLM Use Only

Form: MCF112
Revised July 2005

United States Department of the Interior
 Bureau of Land Management
 BUSINESS & SUPPORT SVCS DIV
 ONE N CENTRAL AVE SUITE 800
 PHOENIX, AZ 85004 -4427
 Phone: (602) 417-9200

Receipt

No:

1768132

Transaction #: 1825782		ENTERED INTO COMPUTER SEP 09 2008 PB VERIFIED
Date of Transaction: 08/22/2008		
CUSTOMER:	FABIAN C GONZALES 11502 E CRESCENT AVE MESA, AZ 85208	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD, ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC385808/\$125.00	MAINT 2009/1	- n/a -	125.00
TOTAL:					\$125.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".			
1	AMOUNT:	\$125.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 08/22/2008
	NAME:	GONZALES, FABIAN C 11502 E CRESCENT AVE MESA AZ 85208	
	CARD NO:	XXXXXXXXXXXX4116	AUTH CODE: 066416
	NAME ON CARD:	FABIAN C GONZALES	
	EXPIRES:	07/31/2011	
	SIGNATURE:		

REMARKS

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NOTICE!!

These documents have been scanned!

Do not place un-scanned documents beneath this notice!

Do not remove this notice from this file!

GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/23/2019



Box Number= AZ15087



Claim Begin-End: AMC385808-AMC385808

5 Miscellaneous



AZ15087-6

AMC385403-AMC386592

DURABLE GENERAL POWER OF ATTORNEY

I, FABIAN C. GONZALES, residing at 11502 E Crescent Ave, Mesa, AZ 85208, hereby appoint JACQUELINE GONZALES of 11502 E Crescent Ave, Mesa, AZ 85208, as my Attorney-in-Fact ("Agent"). If my Agent is unwilling or unable to serve for any reason, I designate BRIGID GONZALES, of 901 E Van Buren St, Apt 1092, Phoenix, AZ 85006-4025, as my Successor Agent. If both Jacqueline Gonzales and Brigid Gonzales are unable or unwilling to act as my Agent, then I designate ANDREW GONZALES of 11502 E Crescent Ave, Mesa, AZ 85208 as my Successor Agent.

ADVISORY NOTE TO AGENT: A.R.S. §46.456 A REQUIRES AN AGENT TO USE THE GRANTOR'S MONEY, PROPERTY, AND OTHER ASSETS SOLELY FOR THE GRANTOR'S BENEFIT AND NOT FOR THE AGENT'S BENEFIT. AN AGENT CANNOT RECEIVE ANY BENEFITS FROM THE GRANTOR'S ESTATE UNLESS THOSE BENEFITS ARE SPECIFICALLY IDENTIFIED IN DETAIL WITH THIS DURABLE POWER OF ATTORNEY AND ANY OTHER WRITTEN CONTRACTS TO WHICH IT REFERS. A SPECIFIC LISTING OF SPECIAL POWERS AND RIGHTS TO USE THIS DURABLE POWER OF ATTORNEY FOR OTHER THAN THE GRANTOR'S BENEFIT BEGINS ON PAGE 7. USING THIS DURABLE POWER OF ATTORNEY IN ANY WAY NOT IN CONJUNCTION WITH THOSE SPECIFIC POWERS, OR EXCLUSIVELY FOR THE GRANTOR'S BENEFIT, COULD SUBJECT THE AGENT TO CRIMINAL PROSECUTION AND OR THE LOSS OF THE AGENT'S RIGHT TO INHERIT FROM THE GRANTOR. AN AGENT SHOULD CAREFULLY REVIEW THE STATUTES OR CONSULT WITH AN ATTORNEY PRIOR TO EXERCISING THE AUTHORITY GRANTED IN THIS DURABLE POWER OF ATTORNEY.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any advance directive or power of attorney that is directly related to my health care that previously or concurrently has been signed by me.

THIS DURABLE GENERAL POWER OF ATTORNEY SHALL BECOME EFFECTIVE IMMEDIATELY, AND SHALL NOT BE AFFECTED BY MY DISABILITY OR

PHOENIX, ARIZONA

2013 AUG 22 P 2:29

RECEIVED
BLM AZ STATE OFFICE

LACK OF MENTAL COMPETENCE, OR LAPSE OF TIME, except as may be provided otherwise by an applicable state statute. This is a Durable General Power of Attorney. This Power of Attorney shall continue effective until my death, and shall not be affected by lapse of time. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

For all purposes herein, my incapacity or disability or incompetence shall be determined in reasonable good faith by my Agent and after having received a written statement signed by my personal physician or nurse practitioner or by another licensed physician, nurse practitioner psychiatrist, or psychologist trained in evaluating such competency. These provisions shall also apply if a named successor Agent deems a prior Agent to be incompetent.

If a guardian or conservator of my financial affairs is to be appointed, I nominate the Agent acting under this Durable General Power of Attorney as such guardian or conservator. I oppose appointment of anyone else, unless at the time of guardianship or conservatorship proceedings the agents I have appointed herein are all unable or unwilling to so serve.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, purchasing or cashing in certificates of deposit and other cash equivalents, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity, negotiating, endorsing or transferring instruments affecting such accounts.

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Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

Have access to any safe deposit box that I might own, including its contents, to contract with any institution for the maintenance and continuation of any safe deposit boxes in my name, to add to and remove contents of any such safe deposit box, and to terminate contracts for all such safe deposit boxes.

Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property, whether real, personal or intangible.

Borrow from any source, including from my Agent acting hereunder, for any purpose and mortgage or pledge any property or other asset I may have, including future interests.

Pay any and all ordinary household expenses, including all utilities, groceries, credit card or other debt payments, clothing, repairs, or any other living expense, or any obligation which I have previously obligated myself, and for which I have been regularly paying.

Arrange for and pay all medical costs, including hospital bills; physician or other health care provider costs and/or charges; any charges related to nursing homes, convalescent facilities, extended care facilities, adult care homes, assisted living facilities, or other health care facility; expenses for medications, whether physician prescribed or not; any fees or charges for medical equipment, whether purchased, rented or leased; or any other health-related costs or fees.

To make application for any insurance or employee-related benefits, including health care, disability payments or benefits, pension plans, savings plans, salary or other benefits.

Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person; or to cancel or dispose of fire, casualty, property or income protection, medical, hospital, life, liability or other insurance, to pay any premiums thereon, and to apply for and collect any amounts due thereunder.

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Take any and all legal steps necessary to collect any debt, rent, proceeds, interest, dividends, annuities, securities, goods, chattels, bequests, income from property, damages, or any other amount that may be owed to me, including collecting, compromising, releasing, reconveying, endorsing, or any other actions in regard to secured or unsecured promissory notes, or to settle any claims, whether made against me or asserted on my behalf against any other person or entity; or to defend, answer or oppose, contest and abandon all legal proceedings in which I am or may hereafter be interested; and to settle, compromise or submit to arbitration any accounts, debts, claims, disputes and matters now existing or which may hereafter arise between me and any other person or organization and to grant an extension of time for the payment or satisfaction thereof on any terms deemed reasonable by my Agent.

Enter into, sign, endorse, execute, acknowledge, deliver, receive and possess any applications, binding contracts on my behalf or agreements, either written or oral, including borrowing money on my behalf or encumbering any assets in which I have an interest as security for such borrowing.

Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.

Maintain and/or operate any business that I may own, and deal with such business with the same powers and rights that I may have myself. This includes selling, restructuring, pledging or borrowing against said business or its assets; hiring, discharging, promoting or demoting any employee or business consultant, including attorneys, accountants, financial advisors, or other consultants or advisors as may be deemed appropriate by my Agent.

Employ professional and business assistance as may be appropriate, including attorneys, accountants, investment advisors, stock or other brokers, agents, real estate agents, or servants; to dismiss or discharge the same and to appoint or employ any others in their stead as my Agent shall deem appropriate, and to pay for same from any of my funds, or to sell any of my assets in order to obtain funds to pay same. Said employees or advisors may be empowered by my Agent to act for me for any purpose, including appearances

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before the Treasury Department of the United States Court of Claims, or any other court of the United States or the District of Columbia, or any state, municipal or foreign government, with full power and authority to such agents and attorneys to do any and all acts convenient or appropriate in connection with such matters, including the specific acts described above, and to substitute attorneys and agents subsequent to the date of such appointment and prior to any revocation thereof, and to delegate and revoke the authority so granted to them.

Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired), including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future, and to improve, repair, maintain, manage, insure, rent, lease, or otherwise deal with said property in any manner deemed appropriate or necessary by my Agent.

Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

Prepare, sign and file income and other tax returns with federal, state, local and other governmental bodies.

Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits. These benefits shall include but not be limited to military, Social Security, Supplemental Social Security, disability, Medicare, Medicaid, and/or the state or local equivalent of any of these federal benefits, or any welfare benefits to which I might be entitled. This authority includes converting my assets into assets that do not disqualify me from receiving such benefits and to make gifts in accordance with the gifting authority granted immediately below.

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My Agent is to consider all rules, regulations and statutes regarding qualification and disqualification for these benefits.

Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent, except as may be otherwise provided herein.

Transfer any of my assets to the trustee(s) of any revocable trust created by me, if such trust is in existence at the time of such transfer.

Disclaim any interest that might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, or (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation, during my lifetime or upon my death, for services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

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My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if any authorized personal representative or fiduciary acting on my behalf makes such a request.

It is my wish to stay in my home in the event of incapacity. Therefore I authorize my agent to make expenditures for home renovations, at-home medical equipment, mobility devices and services of a geriatric care manager and any other expenditure needed to create a state-of-the-art environment conducive to my care, treatment, and comfort.

In the event I am no longer able to provide care for my pets, my Agent is authorized to: take possession and custody of the pets;

Feb. KB by

- expend or otherwise utilize such amounts of my funds or other assets as may be necessary or advisable to provide for the health, care, and welfare of the pet, including (but not limited to) food, veterinary care and/or insurance and recreational activities, and temporary boarding and/or pet-sitting.

F.G.B. KB by

In exercising such authority, it is intended that the Agent will maintain my pets in the same standard of health, care, and welfare as prior to my becoming incapacitated. Unless medically or physically impracticable, the Agent shall provide that I will have as much contact with my pets as I had prior to becoming incapacitated. For the purposes of this document, any actions by the Agent taken for the benefit of my pets shall be considered to be taken for my benefit.

Pursuant to A.R.S. § 46-456 A. 2., I specifically authorize my Agent, Jacqueline Gonzales to act in her best interests as well as my own by using my assets to pay all of my current obligations, AND to specifically pay any and all of the below delineated expenses of Jacqueline Gonzales, as deemed necessary or advisable, even if paying those obligations benefits Jacqueline Gonzales. I also authorize Brigid Gonzales, if she is acting as Agent, or Andrew Gonzales, if he is acting as Agent, to use my assets for these same obligations, even if doing so may benefit Jacqueline Gonzales. Further evidence of intent to benefit Jacqueline Gonzales may be found in my previous payment of these expenses; an ongoing pattern of

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payment by me of similar expenses; in joint ownership of these assets with Jacqueline Gonzales; or in separate, written agreements.

F.A.B. K.G. by

Such expenses and obligations shall include, but not be limited to:

- paying rental, leasing fees or mortgage payments on a dwelling in which we both reside or in which I recently resided with Jacqueline Gonzales, even if, due to any temporary or permanent disability under which I may be laboring, I am not residing in that residence temporarily or permanently;

F.A.B. K.G. by

- paying for household expenses such as: groceries, household supplies and personal care items for both myself and Jacqueline Gonzales;

F.A.B. K.G. by

- paying for utility bills, gardening, or house cleaning bills, and upkeep, maintenance and repair on a residence in which we both reside, or in which I recently resided with Jacqueline Gonzales, even if, due to any temporary or permanent disability under which I may be laboring, I am not residing in that residence temporarily or permanently, and even if that residence may be owned by Jacqueline Gonzales;

F.A.B. K.G. by

- making auto or other vehicle purchase or leasing payments, and/or making auto or other vehicle repairs, insurance payments, and/or maintenance payments, on a vehicle for which I have been making payments, or for which payments have been made from a joint bank, credit union, savings or other financial account, or on or for any vehicle which I may have been driving, or which was used for my transportation, even if that vehicle is the primary vehicle of Jacqueline Gonzales;

F.A.B. K.G. by

- any amounts necessary or desirable for the health, education, maintenance and/or support of Jacqueline Gonzales;

F.A.B. K.G. by

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- any other obligations which I have been regularly paying or for which I have obligated myself in writing in any form, even if paying that obligation may benefit Jacqueline Gonzales.

FG

KG

kg

If any provision in this power of attorney is for any reason inapplicable or unenforceable, the remaining provisions shall nevertheless remain in full force and effect.

I, Fabian C. Gonzales, the Grantor, sign my name to this instrument this 4th day of April, 2013 and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as a Durable General Power of Attorney, that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence. I recognize that I am granting my Agent broad powers to hold, administer and control my assets. I do this freely, without coercion or influence from any source whatsoever.

Fabian C. Gonzales
Fabian C. Gonzales

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I accept this appointment and agree to serve as Agent to make financial decisions for Fabian C. Gonzales. I understand that I must act consistently with the wishes of the person I represent, as expressed in this Durable General Power of Attorney, or if not expressed, as otherwise known by me. If I do not know Fabian C. Gonzales's wishes, I have a duty to act in what I in good faith believe to be in his best interests. I understand that this document gives me the authority to make decisions at any time, and I understand the warnings explained on Page 1 of this document. I accept this responsibility willingly and believe I am capable of acting in the best interests of Fabian C. Gonzales as expressed herein.

Jacqueline Gonzales
Jacqueline Gonzales

We, the witnesses, first being duly sworn, do hereby certify that we are each over the age of eighteen (18) years, are under no coercion or duress, and are unrelated to Jacqueline Gonzales, the Agent, and unrelated to Fabian C. Gonzales, who is personally known or proven to us to be the person named herein. We further swear that the foregoing instrument, this page and the Affidavit included, was, on the date thereof, signed, sealed, published and declared by Fabian Gonzales, as and for his Durable General Power of Attorney in our presence, and that at his request, and in his presence and in the presence of each other, we have subscribed our names below as witnesses thereto. We believe the said Fabian C. Gonzales signs it willingly, or willingly directs another to sign for him, is over the age of eighteen (18) years, and at the time of signing to be of sound mind and memory, fully aware of the contents of this document, capable of knowing his best interests, and under no duress or compulsion.

Kathryn A. Gordon, Residing at 3441 N. 31ST STREET #135, PHX AZ 85016

HJ M, Residing at 2230 E CAMBRIDGE, PHX 85008

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AFFIDAVIT

STATE OF ARIZONA)

MARICOPA COUNTY)

I, Fabian C. Gonzales, and we, KATHRYN A. GORDON
and KATHIE J. GUMMERE the witnesses, sign our names to this
instrument being first duly sworn and do declare to the undersigned authority that the Grantor
signs and executes this instrument as a Durable General Power of Attorney and that he signs it
willingly, or willingly directs another to sign for him, and that each of us, in the presence and
hearing of the Grantor, signs this Durable General Power of Attorney as witness to the Grantor's
signing and that to the best of our knowledge he is eighteen years of age or older, of sound mind
and under no constraint or undue influence.

Fabian C. Gonzales
Fabian C. Gonzales

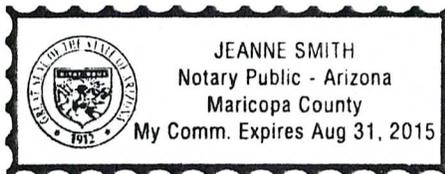
Kathryn A. Gordon
KJG

SUBSCRIBED and SWORN to and acknowledged before me this 4th day of April, 2013 by
Fabian C. Gonzales, Grantor, Jacqueline Gonzales, Agent, and subscribed and sworn to before me
by:

Kathryn A. Gordon, and Kathie J. Gummere

witnesses, personally known or proven to me to be the individuals named herein.

Jeanne Smith
Notary Public



Prepared By:
Kathie J. Gummere
Attorney at Law
1215 West Woodland Avenue
Phoenix, AZ 85007
(602) 952-0293

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DURABLE GENERAL POWER OF ATTORNEY

I, JACQUELINE GONZALES, residing at 11502 E Crescent Ave, Mesa, AZ 85208, hereby appoint FABIAN C. GONZALES of 11502 E Crescent Ave, Mesa, AZ 85208, as my Attorney-in-Fact ("Agent"). If my Agent is unwilling or unable to serve for any reason, I designate BRIGID GONZALES, of 901 E Van Buren St, Apt 1092, Phoenix, AZ 85006-4025, as my Successor Agent. If both Fabian C. Gonzales and Brigid Gonzales are unable or unwilling to act as my Agent, then I designate ANDREW GONZALES of 11502 E Crescent Ave, Mesa, AZ 85208 as my Successor Agent.

ADVISORY NOTE TO AGENT: A.R.S. §46.456 A REQUIRES AN AGENT TO USE THE GRANTOR'S MONEY, PROPERTY, AND OTHER ASSETS SOLELY FOR THE GRANTOR'S BENEFIT AND NOT FOR THE AGENT'S BENEFIT. AN AGENT CANNOT RECEIVE ANY BENEFITS FROM THE GRANTOR'S ESTATE UNLESS THOSE BENEFITS ARE SPECIFICALLY IDENTIFIED IN DETAIL WITH THIS DURABLE POWER OF ATTORNEY AND ANY OTHER WRITTEN CONTRACTS TO WHICH IT REFERS. A SPECIFIC LISTING OF SPECIAL POWERS AND RIGHTS TO USE THIS DURABLE POWER OF ATTORNEY FOR OTHER THAN THE GRANTOR'S BENEFIT BEGINS ON PAGE 7. USING THIS DURABLE POWER OF ATTORNEY IN ANY WAY NOT IN CONJUNCTION WITH THOSE SPECIFIC POWERS, OR EXCLUSIVELY FOR THE GRANTOR'S BENEFIT, COULD SUBJECT THE AGENT TO CRIMINAL PROSECUTION AND OR THE LOSS OF THE AGENT'S RIGHT TO INHERIT FROM THE GRANTOR. AN AGENT SHOULD CAREFULLY REVIEW THE STATUTES OR CONSULT WITH AN ATTORNEY PRIOR TO EXERCISING THE AUTHORITY GRANTED IN THIS DURABLE POWER OF ATTORNEY.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any advance directive or power of attorney that is directly related to my health care that previously or concurrently has been signed by me.

THIS DURABLE GENERAL POWER OF ATTORNEY SHALL BECOME EFFECTIVE IMMEDIATELY, AND SHALL NOT BE AFFECTED BY MY DISABILITY OR

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LACK OF MENTAL COMPETENCE, OR LAPSE OF TIME, except as may be provided otherwise by an applicable state statute. This is a Durable General Power of Attorney. This Power of Attorney shall continue effective until my death, and shall not be affected by lapse of time. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

For all purposes herein, my incapacity or disability or incompetence shall be determined in reasonable good faith by my Agent and after having received a written statement signed by my personal physician or nurse practitioner or by another licensed physician, nurse practitioner psychiatrist, or psychologist trained in evaluating such competency. These provisions shall also apply if a named successor Agent deems a prior Agent to be incompetent.

If a guardian or conservator of my financial affairs is to be appointed, I nominate the Agent acting under this Durable General Power of Attorney as such guardian or conservator. I oppose appointment of anyone else, unless at the time of guardianship or conservatorship proceedings the agents I have appointed herein are all unable or unwilling to so serve.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, purchasing or cashing in certificates of deposit and other cash equivalents, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity, negotiating, endorsing or transferring instruments affecting such accounts.

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Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

Have access to any safe deposit box that I might own, including its contents, to contract with any institution for the maintenance and continuation of any safe deposit boxes in my name, to add to and remove contents of any such safe deposit box, and to terminate contracts for all such safe deposit boxes.

Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property, whether real, personal or intangible.

Borrow from any source, including from my Agent acting hereunder, for any purpose and mortgage or pledge any property or other asset I may have, including future interests.

Pay any and all ordinary household expenses, including all utilities, groceries, credit card or other debt payments, clothing, repairs, or any other living expense, or any obligation which I have previously obligated myself, and for which I have been regularly paying.

Arrange for and pay all medical costs, including hospital bills; physician or other health care provider costs and/or charges; any charges related to nursing homes, convalescent facilities, extended care facilities, adult care homes, assisted living facilities, or other health care facility; expenses for medications, whether physician prescribed or not; any fees or charges for medical equipment, whether purchased, rented or leased; or any other health-related costs or fees.

To make application for any insurance or employee-related benefits, including health care, disability payments or benefits, pension plans, savings plans, salary or other benefits.

Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person; or to cancel or dispose of fire, casualty, property or income protection, medical, hospital, life, liability or other insurance, to pay any premiums thereon, and to apply for and collect any amounts due thereunder.

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Take any and all legal steps necessary to collect any debt, rent, proceeds, interest, dividends, annuities, securities, goods, chattels, bequests, income from property, damages, or any other amount that may be owed to me, including collecting, compromising, releasing, reconveying, endorsing, or any other actions in regard to secured or unsecured promissory notes, or to settle any claims, whether made against me or asserted on my behalf against any other person or entity; or to defend, answer or oppose, contest and abandon all legal proceedings in which I am or may hereafter be interested; and to settle, compromise or submit to arbitration any accounts, debts, claims, disputes and matters now existing or which may hereafter arise between me and any other person or organization and to grant an extension of time for the payment or satisfaction thereof on any terms deemed reasonable by my Agent.

Enter into, sign, endorse, execute, acknowledge, deliver, receive and possess any applications, binding contracts on my behalf or agreements, either written or oral, including borrowing money on my behalf or encumbering any assets in which I have an interest as security for such borrowing.

Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.

Maintain and/or operate any business that I may own, and deal with such business with the same powers and rights that I may have myself. This includes selling, restructuring, pledging or borrowing against said business or its assets; hiring, discharging, promoting or demoting any employee or business consultant, including attorneys, accountants, financial advisors, or other consultants or advisors as may be deemed appropriate by my Agent.

Employ professional and business assistance as may be appropriate, including attorneys, accountants, investment advisors, stock or other brokers, agents, real estate agents, or servants; to dismiss or discharge the same and to appoint or employ any others in their stead as my Agent shall deem appropriate, and to pay for same from any of my funds, or to sell any of my assets in order to obtain funds to pay same. Said employees or advisors may be empowered by my Agent to act for me for any purpose, including appearances

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before the Treasury Department of the United States Court of Claims, or any other court of the United States or the District of Columbia, or any state, municipal or foreign government, with full power and authority to such agents and attorneys to do any and all acts convenient or appropriate in connection with such matters, including the specific acts described above, and to substitute attorneys and agents subsequent to the date of such appointment and prior to any revocation thereof, and to delegate and revoke the authority so granted to them.

Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired), including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future, and to improve, repair, maintain, manage, insure, rent, lease, or otherwise deal with said property in any manner deemed appropriate or necessary by my Agent.

Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

Prepare, sign and file income and other tax returns with federal, state, local and other governmental bodies.

Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits. These benefits shall include but not be limited to military, Social Security, Supplemental Social Security, disability, Medicare, Medicaid, and/or the state or local equivalent of any of these federal benefits, or any welfare benefits to which I might be entitled. This authority includes converting my assets into assets that do not disqualify me from receiving such benefits and to make gifts in accordance with the gifting authority granted immediately below.

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My Agent is to consider all rules, regulations and statutes regarding qualification and disqualification for these benefits.

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Transfer any of my assets to the trustee(s) of any revocable trust created by me, if such trust is in existence at the time of such transfer.

Disclaim any interest that might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

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My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation, during my lifetime or upon my death, for services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

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My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if any authorized personal representative or fiduciary acting on my behalf makes such a request.

It is my wish to stay in my home in the event of incapacity. Therefore I authorize my agent to make expenditures for home renovations, at-home medical equipment, mobility devices and services of a geriatric care manager and any other expenditure needed to create a state-of-the-art environment conducive to my care, treatment, and comfort.

In the event I am no longer able to provide care for my pets, my Agent is authorized to: take possession and custody of the pets:

- js KS ky

• expend or otherwise utilize such amounts of my funds or other assets as may be necessary or advisable to provide for the health, care, and welfare of the pet, including (but not limited to) food, veterinary care and/or insurance and recreational activities, and temporary boarding and/or pet-sitting.

js KS ky

In exercising such authority, it is intended that the Agent will maintain my pets in the same standard of health, care, and welfare as prior to my becoming incapacitated. Unless medically or physically impracticable, the Agent shall provide that I will have as much contact with my pets as I had prior to becoming incapacitated. For the purposes of this document, any actions by the Agent taken for the benefit of my pets shall be considered to be taken for my benefit.

Pursuant to A.R.S. § 46-456 A. 2., I specifically authorize my Agent, Fabian C. Gonzales to act in his best interests as well as my own by using my assets to pay all of my current obligations, AND to specifically pay any and all of the below delineated expenses of Fabian C. Gonzales, as deemed necessary or advisable, even if paying those obligations benefits Fabian C. Gonzales. I also authorize Brigid Gonzales, if she is acting as Agent, or Andrew Gonzales, if he is acting as Agent, to use my assets for these same obligations, even if doing so may benefit Fabian C. Gonzales. Further evidence of intent to benefit Fabian C. Gonzales may be found in my previous payment of these expenses; an ongoing pattern of

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payment by me of similar expenses; in joint ownership of these assets with Fabian C. Gonzales; or in separate, written agreements.

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Such expenses and obligations shall include, but not be limited to:

- paying rental, leasing fees or mortgage payments on a dwelling in which we both reside or in which I recently resided with Fabian C. Gonzales, even if, due to any temporary or permanent disability under which I may be laboring, I am not residing in that residence temporarily or permanently;

js KG ky

- paying for household expenses such as: groceries, household supplies and personal care items for both myself and Fabian C. Gonzales;

js KG ky

- paying for utility bills, gardening, or house cleaning bills, and upkeep, maintenance and repair on a residence in which we both reside, or in which I recently resided with Fabian C. Gonzales, even if, due to any temporary or permanent disability under which I may be laboring, I am not residing in that residence temporarily or permanently, and even if that residence may be owned by Fabian C. Gonzales;

js KG ky

- making auto or other vehicle purchase or leasing payments, and/or making auto or other vehicle repairs, insurance payments, and/or maintenance payments, on a vehicle for which I have been making payments, or for which payments have been made from a joint bank, credit union, savings or other financial account, or on or for any vehicle which I may have been driving, or which was used for my transportation, even if that vehicle is the primary vehicle of Fabian C. Gonzales;

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- any amounts necessary or desirable for the health, education, maintenance and/or support of Fabian C. Gonzales;

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- any other obligations which I have been regularly paying or for which I have obligated myself in writing in any form, even if paying that obligation may benefit Fabian C. Gonzales.

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If any provision in this power of attorney is for any reason inapplicable or unenforceable, the remaining provisions shall nevertheless remain in full force and effect.

I, Jacqueline Gonzales, the Grantor, sign my name to this instrument this 4th day of April, 2013 and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as a Durable General Power of Attorney, that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence. I recognize that I am granting my Agent broad powers to hold, administer and control my assets. I do this freely, without coercion or influence from any source whatsoever.

Jacqueline Gonzales
Jacqueline Gonzales

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I accept this appointment and agree to serve as Agent to make financial decisions for Jacqueline Gonzales. I understand that I must act consistently with the wishes of the person I represent, as expressed in this Durable General Power of Attorney, or if not expressed, as otherwise known by me. If I do not know Jacqueline Gonzales's wishes, I have a duty to act in what I in good faith believe to be in her best interests. I understand that this document gives me the authority to make decisions at any time, and I understand the warnings explained on Page 1 of this document. I accept this responsibility willingly and believe I am capable of acting in the best interests of Jacqueline Gonzales as expressed herein.

Fabian C. Gonzales
Fabian C. Gonzales

We, the witnesses, first being duly sworn, do hereby certify that we are each over the age of eighteen (18) years, are under no coercion or duress, and are unrelated to Fabian C. Gonzales, the Agent, and unrelated to Jacqueline Gonzales, who is personally known or proven to us to be the person named herein. We further swear that the foregoing instrument, this page and the Affidavit included, was, on the date thereof, signed, sealed, published and declared by Jacqueline Gonzales, as and for her Durable General Power of Attorney in our presence, and that at her request, and in her presence and in the presence of each other, we have subscribed our names below as witnesses thereto. We believe the said Jacqueline Gonzales signs it willingly, or willingly directs another to sign for her, is over the age of eighteen (18) years, and at the time of signing to be of sound mind and memory, fully aware of the contents of this document, capable of knowing her best interests, and under no duress or compulsion.

Kathryn A. Gordon, Residing at 3441 N. 31st STREET #135, PHX AZ 85016

[Signature], Residing at 2730 E CAMBRIDGE, PHX 85008

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STATE OF ARIZONA)

MARICOPA COUNTY)

I, Jacqueline Gonzales, and we, KATHRYN A. GORDON
and KATHIE J GUMMERE the witnesses, sign our names to this
instrument being first duly sworn and do declare to the undersigned authority that the Grantor
signs and executes this instrument as a Durable General Power of Attorney and that she signs it
willingly, or willingly directs another to sign for her, and that each of us, in the presence and
hearing of the Grantor, signs this Durable General Power of Attorney as witness to the Grantor's
signing and that to the best of our knowledge she is eighteen years of age or older, of sound mind
and under no constraint or undue influence.

Jacqueline Gonzales
Jacqueline Gonzales

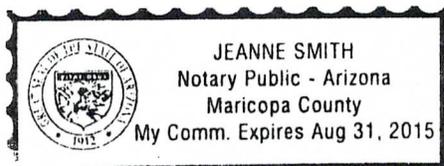
Kathryn A. Gordon
[Signature]

SUBSCRIBED and SWORN to and acknowledged before me this 4th day of April, 2013 by
Jacqueline Gonzales, Grantor, Fabian C. Gonzales, Agent, and subscribed and sworn to before me
by:

Kathryn A. Gordon, and Kathie J. Gummere

witnesses, personally known or proven to me to be the individuals named herein.

[Signature]
Notary Public



Prepared By:
Kathie J. Gummere
Attorney at Law
1215 West Woodland Avenue
Phoenix, AZ 85007
(602) 952-0293

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LAST WILL AND TESTAMENT
OF
JACQUELINE GONZALES

I, Jacqueline Gonzales, residing at 11502 E Crescent Ave, Mesa, AZ 85208, Social Security Number 373-52-8911, being over the age of majority and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, in the manner following, to wit:

1. **Marital Status.** I hereby declare that I am married to Fabian C. Gonzales.
2. **Children.** I hereby declare that I have the following children now living:
 - 2.1.1. Andrew Gonzales, born January 12, 1981
 - 2.1.2. Brigid Gonzales, born April 4, 1985
3. **Presumption of Survivorship.** All beneficiaries must survive me for forty-five (45) days to receive property under this Last Will and Testament. As used herein, the phrase "survive me" shall mean to be alive or in existence as an organization, on the forty-fifth (45th) day after my death.
4. **Affirmation of Prior Distributions.**
 - 4.1. If, at my death, I am possessed of any property, whether real, tangible, or intangible, held in joint tenancy and not as tenants in common or joint tenants with right of survivorship (JTWROS), I took title to such property fully understanding and intending the survivorship rights created therein. I hereby affirm that sole ownership of that property is to vest in my co-owner immediately upon my death. If that survivorship provision is not recognized, I hereby leave that property to my co-owner.
 - 4.2. If, at my death, I am possessed of any property, whether real, tangible, or intangible, held in an account or title designation of Pay on Death (P.O.D.) or Transfer on Death (T.O.D.), or as a Beneficiary Deed, I took title to such property fully understanding and intending the survivorship rights created therein. I hereby affirm that sole ownership of

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that property is to vest in my designated recipient immediately upon my death. If that provision is not recognized, I hereby leave that property to my designated recipient.

5. Tangible Personal Property.

5.1. Attached hereto may be a Memorandum signed and dated by me. I may amend this Memorandum from time to time by destroying the previous Memorandum, preparing, signing and dating a new Memorandum. This Memorandum enumerates items that have particular sentimental value to me and/or the intended recipient. The property listed on this Memorandum is to be distributed by my Personal Representative pursuant to this Memorandum.

5.2. I hereby leave all remaining tangible personal property, including all household furniture and furnishings, appliances, electronic equipment, and other household contents to Fabian Gonzales, or if he does not survive me, then to Brigid Gonzales and Andrew Gonzales, share and share alike, or to the survivor.

6. Disposition of Residuary Estate. I hereby affirm that I have disposed of the majority of my real property, financial accounts and investments through beneficiary and/or title designations.

6.1. I give, devise and bequeath all the rest and residue of my property not otherwise disposed of, whether such property be real, personal or mixed, of whatsoever kind or character and wheresoever situated, to Fabian C. Gonzales. If Fabian C. Gonzales does not survive me, I leave this property to Brigid Gonzales and Andrew Gonzales, share and share alike, or to the survivor.

6.2. Except as otherwise provided herein, and/or as provided outside this Last Will and Testament, I have intentionally and with full knowledge omitted to provide for my heirs.

7. Appointment of Personal Representative and Waiver of Bond and Court Supervision. I nominate and appoint Fabian C. Gonzales as Personal Representative. If Fabian C. Gonzales does not survive me, is unwilling or unable to act, fails to act or ceases to act as Personal Representative, then I nominate and appoint Brigid Gonzales. If Brigid Gonzales also does not survive me, is unwilling or unable to act, fails to act or ceases to act as Personal Representative, then I nominate and appoint Andrew Gonzales.

7.1. I direct that no security or bond shall be required upon said Personal Representative.

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7.2. I direct my Personal Representative to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this Last Will and Testament, including filing a petition with the appropriate court for the independent administration of my estate.

8. **Disposition of Body.** Upon my death, I direct Fabian C. Gonzales to take legal possession of my body and arrange for its disposition. Fabian C. Gonzales is to make all arrangements for funeral, memorial or other services and to make any and all arrangements regarding the disposition of my body. I hereby declare that outside the confines of this Last Will and Testament, I have left written instructions regarding my wishes for funeral or other services. If Fabian C. Gonzales is unwilling or unable to make arrangements for the disposition of my body, I wish my Personal Representative to make such arrangements.

8.1. In accordance with the provisions of A.R.S. §32-1365.01, §32-1365.02 A, §32-1365.02 D, and §36.831, I hereby declare my wish that my body be cremated and the cremains are to become the property of Fabian C. Gonzales to be distributed or retained at his discretion.

8.2. I hereby declare my wish NOT to be a donor for any organ of my body that may be usable for any purpose.

8.3. I do NOT consent to an autopsy.

9. **Special Litigation Powers Regarding Interference with my Agent or Personal Representative.**

9.1. My Personal Representative has the right to initiate and/or maintain litigation against hospitals, health care providers, family members, or others who interfered with or failed to promptly comply with my wishes as stated in my health care directives and/or the directions of the person acting as my Agent under my health care directives.

9.2. Further, the person I have named to make arrangements for the disposition of my body has the right to initiate and/or maintain litigation against hospitals, health care providers, mortuaries, crematories, funeral establishments, cemeteries, family members, or others who interfere with or fail to promptly comply with my wishes or the directions of the person I have named to make arrangements for the disposition of my body.

9.3. I direct my Personal Representative to pay the expenses of such litigation, and to withhold payment for the costs of any supplies or services incurred in contravention of

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my Agent's directions, whether such litigation is brought by my Agent or by my Personal Representative.

- 9.4. Any family member or other person who is a beneficiary of my estate, trust or governing instrument, and who contests, interferes with or fails to comply with my Agent's directions with respect to my health care, or who, with respect to the disposition of my body, contests, interferes with, or fails to comply with my directions or the directions of the person I have named to make arrangements for the disposition of my body, may have his or her distributive share from my estate, trust or governing instrument reduced by the amount of litigation and/or expenses incurred as a result of such contest, interference or failure to comply, as determined by my Agent and/or Personal Representative.

10. **Personal Representative Powers.** I give to my Personal Representative during the period of administration of my estate all the powers, authorities and discretions hereinafter listed, the same to be exercised by the Personal Representative without application to or confirmation by any court, and without giving any bond or security with respect thereto.

10.1. The Personal Representative shall have full power and authority to manage and control my estate, including:

10.1.1. to retain property without liability for loss or depreciation;

10.1.2. to sell, exchange, lease, rent, assign, transfer, or otherwise dispose of all or any part thereof, including real property and any other form of property, upon such terms and conditions as the Personal Representative may in her or his discretion deem proper, including disposing of property by public or private sale or exchange or otherwise;

10.1.3. to invest and reinvest all or any part of the estate in such common or preferred stocks, bonds, debentures, mortgages, deeds of trust, notes or other securities, investments or property which the Personal Representative in her or his absolute discretion may select or determine;

10.1.4. to vote stock, and to exercise all other rights and privileges of a person owning similar property;

10.1.5. to register securities or other property, real or personal, in the name of a nominee without qualification or restriction;

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- 10.1.6. to continue to hold, in the form in which received, any securities or other property which I may own at the time of my death or which my estate may at any time acquire hereunder;
- 10.1.7. to invest any part of the estate in property located in any State of the United States;
- 10.1.8. to abandon, adjust, arbitrate, mediate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate;
- 10.1.9. to continue any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business;
- 10.1.10. to open, close, transfer or otherwise manage any account with a financial institution which I may have at the time of my death, or which the Personal Representative believes is in the best interests of my estate;
- 10.1.11. to have access to any safety deposit box which I might have had at my death, to remove the contents therefrom and to close said safety deposit box account at the discretion of my Personal Representative.

10.2. The powers, authority and discretion I grant to my Personal Representative are intended to be in addition to the powers, authority and discretion vested in him or her by operation of law by virtue of her or his office, and may be exercised as often as is deemed necessary or advisable, without application to or approval by any court.

10.3. It is my express desire and intention that the Personal Representative shall have full power to handle the estate as I might do, if living, without being restricted to forms of investments that Personal Representatives may otherwise be permitted by law to make and without regard to the extent of diversification of the assets of the estate.

11. **Payment of Debts.** I direct that all my debts, including my funeral expenses and expenses of my last illness and the expenses of the administration of my estate, excepting for liens and encumbrances placed on property as security for the repayment of a loan or debt, be paid by my Personal Representative, herein named, as provided for in the laws of the State of Arizona. I want all estate and inheritance taxes assessed against property in my estate or against my beneficiaries to be paid out of all the property in my taxable estate, prior to distribution.

12. **Severability.** If any provision of this will is held invalid, that shall not affect any other provision that can be given effect without the invalid provision.

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13. **Revocation of Prior Wills and Codicils.** Lastly, I hereby revoke all former wills and codicils to wills heretofore by me made.

Signed in Duplicate Originals

I, Jacqueline Gonzales, the Testator, sign my name to this instrument this 4th day of April, 2013, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in this document and that I am eighteen years of age or older, of sound mind and under no constraint, duress or undue influence.



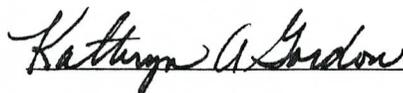
Jacqueline Gonzales

PHOENIX, ARIZONA

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We hereby certify that each of us is over the age of eighteen (18) years, are under no coercion or duress, are unrelated to the Testator, who is personally known or proven to us to be the person named herein. We hereby certify this instrument, this page and the Affidavit included, was, on the date indicated above, thereof signed, sealed, published and declared by Jacqueline Gonzales, as her Last Will and Testament in our presence, and that at her request, and in her presence and in the presence of each other, we have subscribed our names below as witnesses thereto, believing the said Jacqueline Gonzales at the time of signing, to be of sound mind and memory, and under no duress or compulsion.

 _____, residing at 3441 N. 31ST STREET #135, PHX AZ 85016

 _____, residing at 2230 E CAMBRIDGE, PHX 85008







Date 4/4/13

LAST WILL AND TESTAMENT
OF
FABIAN C. GONZALES

I, Fabian C. Gonzales, residing at 11502 E Crescent Ave, Mesa, AZ 85208, Social Security Number 524-44-3892, being over the age of majority and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, in the manner following, to wit:

1. **Marital Status.** I hereby declare that I am married to Jacqueline Gonzales.

2. **Children.** I hereby declare that I have the following children now living:

- 2.1.1. David Gonzales
- 2.1.2. Richard Gonzales
- 2.1.3. Desiree Burk
- 2.1.4. Andrew Gonzales
- 2.1.5. Brigid Gonzales

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3. **Presumption of Survivorship.** All beneficiaries must survive me for forty-five (45) days to receive property under this Last Will and Testament. As used herein, the phrase "survive me" shall mean to be alive or in existence as an organization, on the forty-fifth (45th) day after my death.

4. **Affirmation of Prior Distributions.**

4.1. If, at my death, I am possessed of any property, whether real, tangible, or intangible, held in joint tenancy and not as tenants in common or joint tenants with right of survivorship (JTWROS), I took title to such property fully understanding and intending the survivorship rights created therein. I hereby affirm that sole ownership of that property is to vest in my co-owner immediately upon my death. If that survivorship provision is not recognized, I hereby leave that property to my co-owner.

Fab.

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4.2. If, at my death, I am possessed of any property, whether real, tangible, or intangible, held in an account or title designation of Pay on Death (P.O.D.) or Transfer on Death (T.O.D.), or as a Beneficiary Deed, I took title to such property fully understanding and intending the survivorship rights created therein. I hereby affirm that sole ownership of that property is to vest in my designated recipient immediately upon my death. If that provision is not recognized, I hereby leave that property to my designated recipient.

5. Tangible Personal Property.

5.1. Attached hereto may be a Memorandum signed and dated by me. I may amend this Memorandum from time to time by destroying the previous Memorandum, preparing, signing and dating a new Memorandum. This Memorandum enumerates items that have particular sentimental value to me and/or the intended recipient. The property listed on this Memorandum is to be distributed by my Personal Representative pursuant to this Memorandum.

5.2. I hereby leave all remaining tangible personal property, including all household furniture and furnishings, appliances, electronic equipment, and other household contents to Jacqueline Gonzales, or if she does not survive me, then to Brigid Gonzales and Andrew Gonzales, share and share alike or to the survivor.

6. Disposition of Residuary Estate. I hereby affirm that I have disposed of the majority of my real property, financial accounts and investments through beneficiary and/or title designations.

6.1. I give, devise and bequeath all the rest and residue of my property not otherwise disposed of, whether such property be real, personal or mixed, of whatsoever kind or character and wheresoever situated, to Jacqueline Gonzales. If Jacqueline Gonzales does not survive me, I leave this property to Brigid Gonzales and Andrew Gonzales, share and share alike or to the survivor.

6.2. Except as otherwise provided herein, and/or as provided outside this Last Will and Testament, I have intentionally and with full knowledge omitted to provide for my heirs.

7. Appointment of Personal Representative and Waiver of Bond and Court Supervision. I nominate and appoint Jacqueline Gonzales as Personal Representative. If Jacqueline Gonzales does not survive me, is unwilling or unable to act, fails to act or ceases to act as Personal Representative, then I nominate and appoint Brigid Gonzales. If Brigid Gonzales

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also does not survive me, is unwilling or unable to act, fails to act or ceases to act as Personal Representative, then I nominate and appoint Andrew Gonzales.

- 7.1. I direct that no security or bond shall be required upon said Personal Representative.
- 7.2. I direct my Personal Representative to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this Last Will and Testament, including filing a petition with the appropriate court for the independent administration of my estate.

8. **Disposition of Body.** Upon my death, I direct Jacqueline Gonzales to take legal possession of my body and arrange for its disposition. Jacqueline Gonzales is to make all arrangements for funeral, memorial or other services and to make any and all arrangements regarding the disposition of my body. I hereby declare that outside the confines of this Last Will and Testament, I have left written instructions regarding my wishes for funeral or other services. If Jacqueline Gonzales is unwilling or unable to make arrangements for the disposition of my body, I wish my Personal Representative to make such arrangements.

- 8.1. In accordance with the provisions of A.R.S. §32-1365.01, §32-1365.02 A, §32-1365.02 D, and §36.831, I hereby declare my wish that my body be cremated and the cremains are to become the property of Jacqueline Gonzales to be distributed or retained at her discretion.
- 8.2. I hereby declare my wish NOT to be a donor for any organ of my body that may be usable for any purpose.
- 8.3. I do NOT consent to an autopsy.

9. **Special Litigation Powers Regarding Interference with my Agent or Personal Representative.**

- 9.1. My Personal Representative has the right to initiate and/or maintain litigation against hospitals, health care providers, family members, or others who interfered with or failed to promptly comply with my wishes as stated in my health care directives and/or the directions of the person acting as my Agent under my health care directives.
- 9.2. Further, the person I have named to make arrangements for the disposition of my body has the right to initiate and/or maintain litigation against hospitals, health care providers, mortuaries, crematories, funeral establishments, cemeteries, family members, or others who interfere with or fail to promptly comply with my wishes or

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the directions of the person I have named to make arrangements for the disposition of my body.

9.3. I direct my Personal Representative to pay the expenses of such litigation, and to withhold payment for the costs of any supplies or services incurred in contravention of my Agent's directions, whether such litigation is brought by my Agent or by my Personal Representative.

9.4. Any family member or other person who is a beneficiary of my estate, trust or governing instrument, and who contests, interferes with or fails to comply with my Agent's directions with respect to my health care, or who, with respect to the disposition of my body, contests, interferes with, or fails to comply with my directions or the directions of the person I have named to make arrangements for the disposition of my body, may have his or her distributive share from my estate, trust or governing instrument reduced by the amount of litigation and/or expenses incurred as a result of such contest, interference or failure to comply, as determined by my Agent and/or Personal Representative.

10. **Personal Representative Powers.** I give to my Personal Representative during the period of administration of my estate all the powers, authorities and discretions hereinafter listed, the same to be exercised by the Personal Representative without application to or confirmation by any court, and without giving any bond or security with respect thereto.

10.1. The Personal Representative shall have full power and authority to manage and control my estate, including:

10.1.1. to retain property without liability for loss or depreciation;

10.1.2. to sell, exchange, lease, rent, assign, transfer, or otherwise dispose of all or any part thereof, including real property and any other form of property, upon such terms and conditions as the Personal Representative may in her or his discretion deem proper, including disposing of property by public or private sale or exchange or otherwise;

10.1.3. to invest and reinvest all or any part of the estate in such common or preferred stocks, bonds, debentures, mortgages, deeds of trust, notes or other securities, investments or property which the Personal Representative in her or his absolute discretion may select or determine;

10.1.4. to vote stock, and to exercise all other rights and privileges of a person owning similar property;

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- 10.1.5. to register securities or other property, real or personal, in the name of a nominee without qualification or restriction;
- 10.1.6. to continue to hold, in the form in which received, any securities or other property which I may own at the time of my death or which my estate may at any time acquire hereunder;
- 10.1.7. to invest any part of the estate in property located in any State of the United States;
- 10.1.8. to abandon, adjust, arbitrate, mediate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate;
- 10.1.9. to continue any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business;
- 10.1.10. to open, close, transfer or otherwise manage any account with a financial institution which I may have at the time of my death, or which the Personal Representative believes is in the best interests of my estate;
- 10.1.11. to have access to any safety deposit box which I might have had at my death, to remove the contents therefrom and to close said safety deposit box account at the discretion of my Personal Representative.

10.2. The powers, authority and discretion I grant to my Personal Representative are intended to be in addition to the powers, authority and discretion vested in him or her by operation of law by virtue of her or his office, and may be exercised as often as is deemed necessary or advisable, without application to or approval by any court.

10.3. It is my express desire and intention that the Personal Representative shall have full power to handle the estate as I might do, if living, without being restricted to forms of investments that Personal Representatives may otherwise be permitted by law to make and without regard to the extent of diversification of the assets of the estate.

11. **Payment of Debts.** I direct that all my debts, including my funeral expenses and expenses of my last illness and the expenses of the administration of my estate, excepting for liens and encumbrances placed on property as security for the repayment of a loan or debt, be paid by my Personal Representative, herein named, as provided for in the laws of the State of Arizona. I want all estate and inheritance taxes assessed against property in my estate or against my beneficiaries to be paid out of all the property in my taxable estate, prior to distribution.

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12. **Severability.** If any provision of this will is held invalid, that shall not affect any other provision that can be given effect without the invalid provision.

13. **Revocation of Prior Wills and Codicils.** Lastly, I hereby revoke all former wills and codicils to wills heretofore by me made.

Signed in Duplicate Originals

I, Fabian C. Gonzales, the Testator, sign my name to this instrument this 4th day of April, 2013, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in this document and that I am eighteen years of age or older, of sound mind and under no constraint, duress or undue influence.



Fabian C. Gonzales

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We hereby certify that each of us is over the age of eighteen (18) years, are under no coercion or duress, are unrelated to the Testator, who is personally known or proven to us to be the person named herein. We hereby certify this instrument, this page and the Affidavit included, was, on the date indicated above, thereof signed, sealed, published and declared by Fabian C. Gonzales, as his Last Will and Testament in our presence, and that at his request, and in his presence and in the presence of each other, we have subscribed our names below as witnesses thereto, believing the said Fabian C. Gonzales at the time of signing, to be of sound mind and memory, and under no duress or compulsion.

Kathryn A Gordon, residing at 3441 N. 31st STREET #135, PHX AZ 85016

[Signature], residing at 2730 E CAMBRIDGE, PHX 85008

FCG

KB

[Signature]

AFFIDAVIT

STATE OF ARIZONA)
COUNTY OF MARICOPA)

I, Fabian C. Gonzales, the Testator, sign my name to Duplicate Originals of this instrument, first being duly sworn and do declare to the undersigned authority that I sign and execute the preceding pages as my Last Will and Testament, that I sign it willingly or willingly direct another to sign for me, that I execute the document as my free and voluntary act for the purposes expressed in that document, that I am eighteen years of age or older, of sound mind, sign knowingly, and am under no duress, coercion or undue influence.

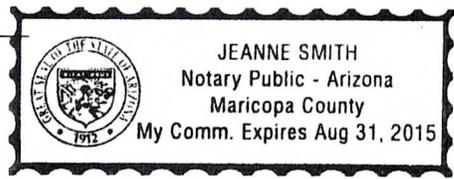
Fabian C. Gonzales
Fabian C. Gonzales

We, KATHRYN A GORDON, and KATHIE J. GUMMERE the witnesses, sign our names to Duplicate Originals of this instrument, being first duly sworn, and do declare to the undersigned authority that the Testator signs and executes these pages as his Last Will and Testament and that he signs them willingly, or willingly directs another to sign for him, and that each of us, in the presence and hearing of the Testator, have signed this will and this Affidavit as witnesses to the Testator's signing and that to the best of our knowledge and belief, the Testator is eighteen years of age or older, of sound mind and under no constraint, duress or undue influence.

Kathryn A Gordon Kathie J. Gummere

SUBSCRIBED, SWORN to and acknowledged before me this 4th day of April, 2013, by Fabian C. Gonzales, the Testator, and subscribed and sworn to before me by Kathryn A Gordon and Kathie J. Gummere the witnesses, personally known or proven to me to be the individuals named herein.

Jeanne Smith
Notary Public



Prepared by:
Kathie J. Gummere
Attorney at Law
1215 West Woodland Avenue
Phoenix, AZ 85007
(602) 952-0293

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2013 AUG 22 P 2: 20
PHOENIX, ARIZONA

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2013-019116

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) FABIAN C GONZALES		2. AKA'S (IF ANY)		3. DATE OF DEATH APRIL 26, 2013	
4. SEX MALE	5. SOCIAL SECURITY NUMBER: 524-44-3892	6. DATE OF BIRTH 12/23/1938	7. AGE 74	8. UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): BANNER BAYWOOD MEDICAL CENTER			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: MESA 85206		16. COUNTY OF DEATH: MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) WALSENBURG, COLORADO		18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) JACQUELINE ANN SHULER	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 11502 E CRESCENT AVE		21. CITY AND COUNTY: MESA, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85208
25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input checked="" type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: CARPENTER		29. FATHER'S NAME (FIRST, MIDDLE, LAST) ALFONSO GONZALES		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) ERALIA OLGUIN	
31. INFORMANT'S NAME JACQUELINE ANN GONZALES		32. RELATIONSHIP SPOUSE	33. INFORMANT'S MAILING ADDRESS: 11502 E CRESCENT AVE, MESA, ARIZONA 85208		
34. NAME AND ADDRESS OF FUNERAL FACILITY: SONORAN SKIES MORTUARY 5650 E. MAIN STREET, MESA, AZ		35. FUNERAL DIRECTOR: DEBBY HOLEMAN, FUNERAL DIRECTOR		36. LICENSE NUMBER: F1321	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SAGUARO VALLEY CREMATION SERVICES, MESA, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH 40. A	41. APPROXIMATE INTERVAL: 1 DAY			42. B	
DUE TO OR AS A CONSEQUENCE OF: 42. B	43. APPROXIMATE INTERVAL: 4 DAYS			44. C	
DUE TO OR AS A CONSEQUENCE OF: 44. C	45. APPROXIMATE INTERVAL: 4 DAYS			46. D	
DUE TO OR AS A CONSEQUENCE OF: 46. D	47. APPROXIMATE INTERVAL: YEARS			48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:	
CAUSE OF DEATH PART II					
49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH	
52. TIME OF DEATH 1030		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: PAUL KOUNG KIM, M.D.		56. DATE CERTIFIED: 04/30/2013	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		57. CERTIFIER'S ADDRESS: 2510 W DUNLAP ST., STE. 290 PHOENIX, AZ 85021		58. NAME OF REGISTRAR: MICHELLE GASHA	
		59. DATE REGISTERED: 05/14/2013			

DATE ISSUED: 05/17/2013

2013 AUG 22 P 2:19

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

Marriage License

COUNTY, MICHIGAN

State File No.

3016

Local File No.

To any person legally authorized to solemnize marriage in the State of Michigan,

Greeting:

Marriage must be solemnized within 33 days of date of Application for License
in the State of Michigan between

<u>FABIAN CLEMENT GONZALES</u> Full name of male			and	<u>JACQUELINE ANN SHULER</u> Full name of female		
<u>38</u> Age at last birthday	<u>12-23-38</u> Date of birth			<u>27</u> Age at last birthday	<u>6-4-49</u> Date of birth	
<u>8011</u> Residence No.	<u>Briarwood</u> Street			<u>8011</u> Residence No.	<u>Briarwood</u> Street	
<u>Anchorage</u> City	<u>Alaska</u> State	<u>99502</u> Zip Code		<u>Anchorage</u> City	<u>Alaska</u> State	<u>99502</u> Zip Code
<u>Walsenburg</u> Birthplace—city and state				<u>Detroit</u> Birthplace—city and state		
<u>Carpenter</u> Occupation				<u>Waitress</u> Occupation		
<u>None</u> Number of times previously married				<u>None</u> Number of times previously married		
<u>Alphonso Gonzales</u> Father's full name				<u>John Shuler</u> Father's full name		
<u>Eralia Olquin</u> Mother's maiden name				<u>Margaret Laing</u> Mother's maiden name		
				_____ Maiden name (if a widow) and whose		

This space reserved for binding.



case she has not attained the age of eighteen years, has been filed in my office. An as provided by Public Act No. 128, Laws of 1887, as amended, by which it appears

In witness whereof, I have signed and sealed these presents,

this 3rd day of June, A. D. 19 77

LYNN D. ALLEN
County Clerk

Carol Custer
Deputy County Clerk

Date of Application 5-31-77

This marriage license VOID 33 days after date of Application for License

Certificate of Marriage

Between Mr. Fabian Clement Gonzales and M Jacqueline Ann Shuler

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, at TROY, county of OAKLAND, MICHIGAN, on the FOURTH day of JUNE, A. D. 19 77, in the presence of

FRANCISCO A. GONZALES of ANCHORAGE ALASKA, and BARBARA J. SHULER of ROYAL OAK MICH

as witnesses. Joseph A. Schneider Wm. C. Cery

Signature of magistrate or clergyman Official title

402 Nicole Det 48207 Mich
Post office address

THIS DUPLICATE must be delivered by the person solemnizing marriage to one of the parties joined in marriage.

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MAYAZ STATE OFFICE
PHOENIX, ARIZONA
AUG 22 1977

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2013 AUG 22 P 2: 18

PHOENIX, ARIZONA

Attn: Tony Smith
Regarding AMC385808
-please call me to confirm
this is all you need. I do
not yet have Jacqueline's
death certificate, but it
shouldn't be needed since
she signed the quit claim
deed. Thank you

Brigid Gonzales 480-251-3052



NOTICE!!

These documents have been scanned!

Do not place un-scanned documents beneath this notice!

Do not remove this notice from this file!

GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/23/2019



Box Number= AZ15087



Claim Begin-End: AMC385808-AMC385808

6 Location Notices-Amendments and Supporting Documents



AZ15087-6 AMC385403-AMC386592

MINING CLAIM STATUS REPORT

DATA ENTRY TR

MTP CHECKED BY TR

GEO CHECKED BY TR

LEAD SERIAL NO. AMC 385808 THROUGH AMC _____

# <u>1</u> LODE	LOCATION FEE @ \$30 =	\$ <u>30</u>
# _____ PLACER	PROCESSING FEE @ \$15 =	\$ <u>15</u>
# _____ ASSOCIATION PL	MAINTENANCE FEE @ \$125 =	\$ <u>125</u>
# _____ MILL SITE	OVERAGE	\$ _____
# _____ TUNNEL SITE	SHORTAGE	\$ _____
	OTHER FEES	\$ _____
ENOUGH LOCATORS	TOTAL	\$ <u>170</u>

YES [] NO [] _____

OVER-THE-COUNTER MAIL [] TIMELY FILED: YES NO []

LEGAL DESCRIPTION: T 3N R 10E SEC 32
T _____ R _____ SEC _____
T _____ R _____ SEC _____
T _____ R _____ SEC _____

BLM [] FOREST SERVICE TOWNSHIP SUBJ TO PL 359: YES [] NO

WILDERNESS AREA: NO YES [] _____

SPLIT ESTATE: SX [] PX [] SRHA [] OTHER [] _____ N/A []
PROPER NOTICE FILED IF LOCATED ON SRHA LANDS-YES [] NO [] N/A []

RECONVEYED MINERALS ON BLM LANDS REQUIRE OPENING ORDERS FROM 1944 TO 1993. OPEN TO ENTRY ON: _____ N/A []

COMMENTS/STATUS: VOID [] PARTIALLY VOID [] PVT MINERALS []
WITHDRAWN LANDS [] OTHER [] _____

Claimant acknowledges that portions of the following claim(s) site(s) may be void or voidable. _____

Signature of claimant
FINAL ADJUDICATION TR DATE 3-5-08

LOCATION NOTICE FOR LODE MINING CLAIM

NOTICE IS HEREBY GIVEN that the JAME
_____ lode mining claim has been located
by FABIAN C GONZALES + JACQUELINE S GONZALES whose current mailing
address is 11502 E. CRESCENT AVE
MESA, AZ 85208

RECEIVED
B.L.M. AZ STATE OFFICE
2007 SEP - 6 P 1:46
PHOENIX, AZ
BLM
Date
Stamp

The general course of this claim is NORTH TO SOUTH and it is situated in MARICOPA
County, Arizona. This claim is 1500 feet in length and 600 feet in width. This claim runs
from the location monument on which this location notice is posted approximately 1500 feet in a
NORTH direction to the NW end line and 600 feet in a EAST direction to the
NE end line. This claim is marked by six monuments, one at each corner and one at the center of each
end line of the claim.

The location monument on which this notice is posted is situated within Section 32, Township 3
N, Range 10 E, Gila Salt River Base and Meridian, Arizona and this claim encompasses portions
of the following quarter section (s), section (s), Township (s) and Range (s) 32 SW 1/4,
3 N, 10 E

Gila Salt River Base and Meridian, Arizona.

The locality of this claim with reference to some natural object or permanent monument and additional information
(if any) concerning its locality are as follows: FROM ELEVATION BM 2836 LOCATED AT JUNCTION
OF APACHE TRAIL + HORSE MESA DAM RD TURNOFF - N 27°W 6,400 FT TO NE CORNER
OF CLAIM. FROM ELEVATION BM 2652 LOCATED APPROX. 2,500 FT. SW OF BM
2836 - N 15°W 5,625 FT. TO SW CORNER OF CLAIM.

DATED AND POSTED on the ground this 6th day of SEPTEMBER, 2007.

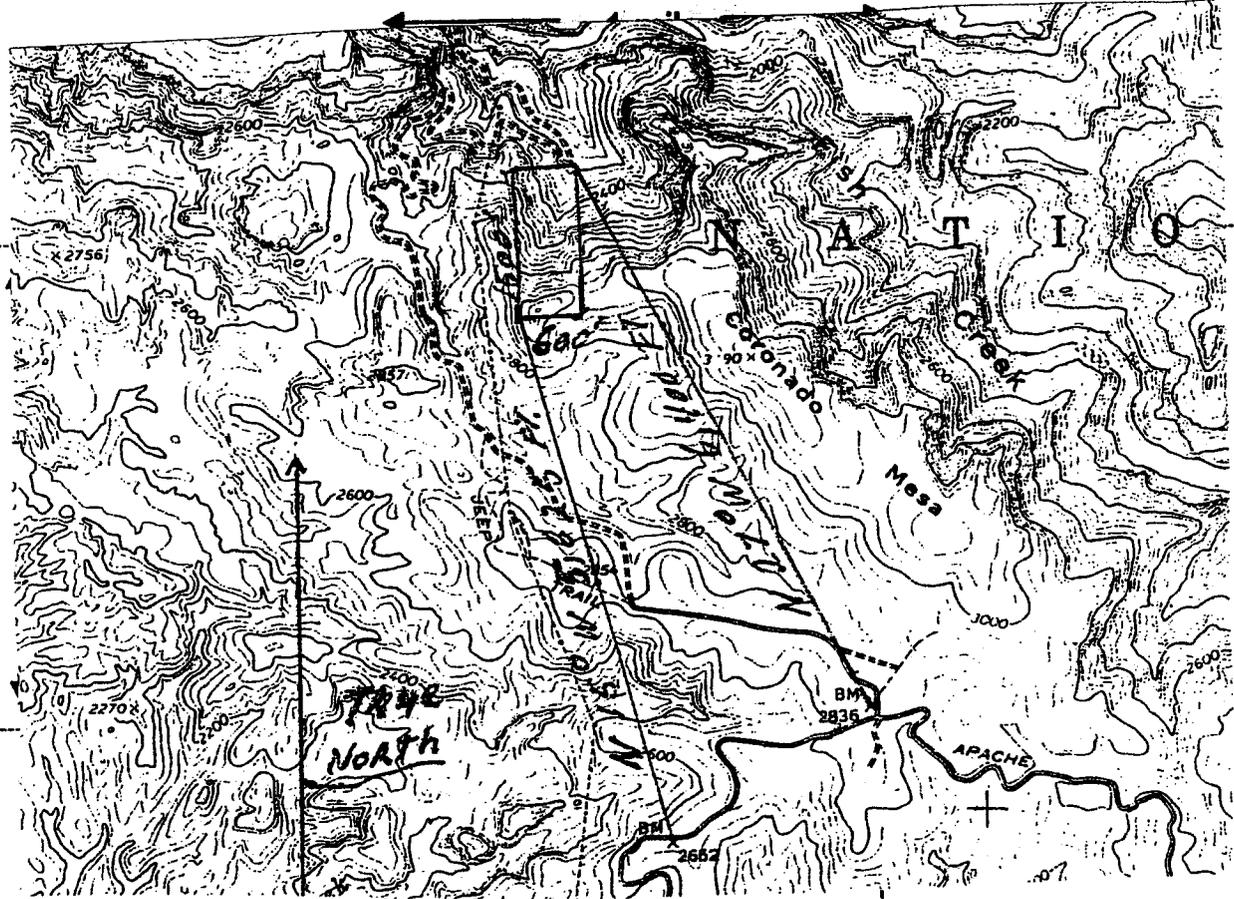
LOCATOR (s) FABIAN C GONZALES, JACQUELINE S GONZALES
Fabian C Gonzales, Jacqueline S Gonzales

Form MCF100
Revised July 2005

AMC 385808

MINING CLAIM MAP

Lode (X) Placer ()



Scale: 1" = 2000 feet

1. The above map depicts the JAME mining claim, which is located in Section (s) 32 SW 1/4, Township 3 N, Range 10 E, Gila and Salt River Base and Meridian, MARICOPA County, Arizona.

2. The type of corner and location monuments used are as follows: ROCK CAIRN

3. The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

Input Parameters for Geographic Report with Land

System Id = CR

Admin State = AZ

Geo State =

Casetype Begins With

Case Disp Txt = AUTHORIZED, PENDING

Mer Twp Rng =

Section =

Mtrs = 14 0030N 0100E 032

Commodity =

Commodity Txt =

Pending Org =

Pend Org Decode =

Total Rows Returned: 1

RUN TIME: 10:33 AM

UNITED STATES DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT
GEOGRAPHIC REPORT WITH LAND
Sorted by Serial Number

RUN DATE: 09/26/2007
Page 1 of 1

Adm State: AZ

Serial Number: AZA 012958
Total Case Acres: 63,704.820

<u>Casetype</u>	<u>Case Disp</u>				<u>Sect</u>	<u>Sur Typ</u>	<u>Sur Num</u>	<u>Suff</u>	<u>Subdivision</u>	<u>Act Pend</u>
231201	AUTHORIZED	14	0030N	0100E	032	FF		1 1	POR W/IN 1MI OF SALT RIV;	Y

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASE RECORDATION
(LIVE) Serial Register Page**

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01 06-17-1902;032STAT0388;43USC416
Case Type 231201: WDL-RECLAMATION
Commodity 952: SUBJECT TO PRIOR RIGHTS
Case Disposition: AUTHORIZED

Total Acres
63,704.820

Serial Number
AZA--- - 012958

Serial Number: AZA--- - 012958

Name & Address	Int Rel	%Interest
BR REGIONAL OFFICE BOX 61470 BOULDER CITY NV 89006	HOLDING AGENCY	100.00000000

Serial Number: AZA--- - 012958

Mer Twp Rng	Sec	SType SNr Suff	Subdivision	District/Resource Area	County	Mgmt Agency
14 0020N 0070E 001		ALIQ	S2NE,S2;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 001		LOTS	1-7;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 002		ALIQ	S2NW,S2;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 002		LOTS	1-6;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 003		ALIQ	S2N2,S2;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 003		LOTS	1-4;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 004		ALIQ	S2NE,E2SW,SE;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 004		LOTS	11-22;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 005		ALIQ	NESW,S2SW,SE;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 005		LOTS	1-4,18,20,21,22;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 006		ALIQ	SESE;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 006		LOTS	12,15;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 007		ALIQ	NENE;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 007		LOTS	11;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 008		ALIQ	S2NE,SENW,E2SW,SE;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 008		LOTS	1-7;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 009		ALIQ	NW;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 011		ALIQ	N2;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0070E 012		ALIQ	N2;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 025	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 026	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 027	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 028	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 032	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 033	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 034	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 035	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0070E 036	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 001	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 002	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 003	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 004	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 005	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 006	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 007	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 008	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0020N 0080E 009	1	FF	POR W/IN 1MI OF SALT RIV;	LOWER SONORAN FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 021	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 022	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 023	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 024	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 025	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 026	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 027	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 028	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 029	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 030	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 031	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0080E 032	1	FF	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF

NO WARRANTY IS MADE BY BLM
FOR USE OF THE DATA FOR
PURPOSES NOT INTENDED BY BLM

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14 0030N 0110E 010	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	GILA	TONTO NF
14 0030N 0110E 011	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	GILA	TONTO NF
14 0030N 0110E 011	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 011	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 012	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 013	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 014	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 015	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	GILA	TONTO NF
14 0030N 0110E 015	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 016	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	GILA	TONTO NF
14 0030N 0110E 016	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 016	FF	1	POR W/IN 1MI OF SALT RIV;	SAFFORD FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 017	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 018	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 019	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 020	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 021	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 022	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 023	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 027	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 028	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 029	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 030	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 031	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 032	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 033	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF
14 0030N 0110E 034	FF	1	POR W/IN 1MI OF SALT RIV;	HASSAYAMPA FIELD OFFICE	MARICOPA	TONTO NF

Serial Number: AZA--- - 012958

Act Date	Code	Action	Action Remarks	Pending Office
01/02/1903	387	CASE ESTABLISHED		
01/02/1903	500	GEOGRAPHIC NAME	SALT RIVER PROJECT	
03/02/1903	542	SUPPLEMENTAL USE/PURPOSE	206;	
03/02/1903	543	SEGREGATION (MINERAL)	ALL;	
03/02/1903	544	SEGREGATION (SURFACE)	ALL;	
03/02/1903	705	ORDER ISSUED		
03/02/1903	830	WITHDRAWN		
03/26/1932	064	SURVEY APPROVED		
01/19/1933	812	WDL REVOKED IN PART		
04/21/1980	911	REPORT RECEIVED	RECL, WDL REVIEW	
03/01/1992	972	CASES CONSOLIDATED	AZA18779;	
06/11/1992	911	REPORT RECEIVED	RECL WDL REVIEW	
07/02/1992	801	WDL REV FLPMA 204L COMP		
06/02/1993	042	CASE SENT TO	WO-DUMMY	LANDS & REALTY GROUP
10/01/1999	853	COMPL/REVIEW DUE DATE		
01/01/9999	763	EXPIRES		

Serial Number: AZA--- - 012958

Line Nr	Remarks
0001	WDL OF 7/20/1905 (SEE AZA 13376) WAS FOR 3 MI FROM
0002	SALT RIVER.
0003	CHANNEL OF SALT RIVER FROM TONTO CREEK TO VERDE

NO WARRANTY IS MADE BY BLM
FOR USE OF THE DATA FOR
PURPOSES NOT INTENDED BY BLM

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASE RECORDATION
(LIVE) Serial Register Page

Run Date/Time: 03/05/08 07:33 AM

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0004 RIVER & ALL LAND LYING WITHIN 1 MILE.
0005 03/26/1932 SURVEY APPROVED T. 2N., R. 7E. ONLY

