Quartz registered document number _____

AFFIDAVIT OF THE WITNESS FOR THE TRANSFEROR

Office date stamp

Mining district: _____

I, _____,
FULL NAME

of _____,
COMPLETE POSTAL ADDRESS

occupation: _____

MAKE OATH AND SAY THAT:

1. I was personally present and did see _____, the person named as the Transferor in the attached Transfer Form, recorded as registered document number _____, in the _____ Mining District, duly sign that instrument at the time and place indicated on the instrument.

2. I personally know the person whose signature I witnessed.
   OR
   The identity of the person whose signature I witnessed has been proven to me to my satisfaction.

3. To the best of my knowledge and belief, the person whose signature I witnessed is of the legal age to execute the instrument.

AND I MAKE THIS SOLEMN DECLARATION

conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*, R.S.C. 1985, c. C-5, and the *Evidence Act*, R.S.Y. 2002, c.78.

Declared before me _____, at _____
NAME OF NOTARY PUBLIC — CITY/TOWN/VILLAGE, PROVINCE/TERRITORY/STATE

this _____ day of _____, 20_____.

_____ Signature of notary public

_____ Signature of declarant

Commission expiry: YYYY-MM-DD

Collection of this information is authorized by the *Placer Mining Act*, the *Quartz Mining Act* and para. 15(c)(i) of the *Access to Information and Protection of Privacy Act* for the purpose of witnessing the transfer of mineral claim. Disclosure of this information to the public is authorized by s. 9 of the *Placer Mining Act* and s. 5 of the *Quartz Mining Act*. For more information, contact the Mining Recorder's Office, Department of Energy, Mines and Resources at 867-667-3190 or by email to whitehorse.mining@yukon.ca.

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