



_____ registered document number _____

AFFIDAVIT OF THE WITNESS FOR THE TRANSFEROR

Mining district: _____

I, _____, FULL NAME

of _____, COMPLETE POSTAL ADDRESS

occupation: _____

Office date stamp

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

Access to Information and Protection of Privacy Act: I acknowledge that this information is being collected under the authority of the *Placer Mining Act*, and the *Quartz Mining Act* for the purpose of administrating mineral tenure. This document may be made available to the public. For further information, contact the Department of Energy, Mines and Resources, Mining Lands Office at 867-667-3190.