



Placer filed document number \_\_\_\_\_

# POWER OF ATTORNEY CANCELLATION

I, \_\_\_\_\_, (\_\_\_\_\_)  
FULL NAME  
of \_\_\_\_\_,  
COMPLETE MAILING ADDRESS  
phone \_\_\_\_\_,  
email \_\_\_\_\_,

Office date stamp

do hereby cancel the filed Power of Attorney for

\_\_\_\_\_,  
FULL NAME OF  
of \_\_\_\_\_,  
COMPLETE MAILING ADDRESS  
phone \_\_\_\_\_,  
email \_\_\_\_\_,

which was recorded in the office of the \_\_\_\_\_ Mining Recorder, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under Placer Filed Document Number \_\_\_\_\_.

In witness whereof \_\_\_\_\_ I have hereunto set my hand  
FULL NAME OF  
and seal at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of

## AFFIDAVIT OF WITNESS

I, \_\_\_\_\_, of \_\_\_\_\_,  
FULL NAME OF WITNESS COMPLETE ADDRESS OF WITNESS

make Oath and say that:

1. I was personally present and did see \_\_\_\_\_, the person named as the  
FULL NAME OF  
above, duly sign this instrument at the time and place indicated.
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.

Declared before me \_\_\_\_\_, at \_\_\_\_\_,  
NAME OF NOTARY PUBLIC CITY, PROVINCE/TERRITORY OR STATE

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
Signature of witness

Commission expiry: YYYY/MM/DD

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