



TRANSFER OF QUARTZ MINING CLAIM(S) OR INTEREST THEREIN

The TRANSFEROR, _____, _____

CURRENT REGISTERED CLAIM OWNER

Client ID _____, of _____, _____

(If known)

PHONE NUMBER

COMPLETE MAILING ADDRESS

currently owns _____ percent (____%) and

hereby transfers _____ percent (____%) of

that interest, equal to transferring _____ percent (____%) interest
in each and every mining claim named below, to the

TRANSFeree, _____, _____

FULL LEGAL NAME OF NEW CLAIM OWNER

Client ID _____, of _____, _____

(If known)

PHONE NUMBER

COMPLETE MAILING ADDRESS

_____, and acknowledges receipt of

the sum of _____ (\$_____) dollars or other good and valuable consideration therefore, and is entitled to transfer
the above unencumbered interest.

Office date stamp

Grant numbers	Claim names

Grant numbers	Claim names

It is preferable that grant numbers and claim names be listed as ranges (e.g. YC00001-YC00100, CLAIM 1-100). Attach additional pages if necessary.

Located in the _____ Mining District, Yukon Territory under the *Quartz Mining Act*.

Location description _____ Map number(s) _____

IN WITNESS WHEREOF the Transferor has set its hand and seal at

_____ on the ____ day of _____, 20 ____.

SIGNED, SEALED, AND DELIVERED by the Transferor in the presence of

Signature of witness
(Document executed under corporate seal need not be witnessed)

Signature of transferor

AFFIDAVIT OF WITNESS FOR THE TRANSFEROR

I, _____, of _____, _____

FULL LEGAL NAME

CITY, PROVINCE/STATE

make oath and say that:

1. I was personally present and did see _____, the person named as the Transferor in the form duly sign the instrument at the time and place indicated in 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.

DECLARED before me at _____, this ____ day of _____, 20 ____.

Stamped or printed name of notary

Signature of notary public

Signature of Witness

Commission expiry: YYYY / MM / DD

Access to Information and Protection of Privacy Act: This information is being collected under the authority of sections 3, and 5 of the *Quartz Mining Act* and section 29(c) of the *Access to Information and Protection of Privacy Act* for the purpose of administering ownership of mineral claims. This document may be made available to the public. For further information contact the Department of Energy, Mines and Resources, Mining Recorder's Office at 867-667-3190.