



TRANSFER OF PLACER 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
 EMAIL ADDRESS

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

Grant numbers	Claim names

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It is preferable that grant numbers and claim names be listed as ranges (e.g. P 10001–P 10010, TOM 1–10). Attach
 additional pages if necessary.

Located in the _____ Mining District, Yukon Territory under the *Placer 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