



POWER OF ATTORNEY

I, _____,
FULL NAME OF APPOINTER
 of _____,
COMPLETE MAILING ADDRESS
 phone _____,
 email _____,

Office date stamp

do hereby appoint

_____,
FULL NAME OF APPOINTEE
 of _____,
COMPLETE MAILING ADDRESS
 phone _____,
 email _____,

to be my attorney to:

- Stake placer claims
- Stake prospecting leases
- Renew placer claims
- Renew prospecting leases

This power of attorney for the _____ Mining District to expire on _____, 20_____

HEREBY GIVING AND GRANTING unto my said attorney full power and authority to do and perform any and all or every act and thing whatsoever requisite and necessary to be done for this purpose as I might or could do if personally present and acting in my own behalf.

HEREBY AGREEING TO RATIFY AND CONFIRM all that my said attorney may lawfully do or cause to be done by virtue of this power of attorney.

In witness whereof _____, I have hereunto set my hand and
FULL NAME OF APPOINTER
 and seal at _____ this _____ day of _____, 20_____.
CITY, PROVINCE/TERRITORY

SIGNED, SEALED and DELIVERED by the appointer in the presence of:

Signature of witness

Signature of appointer

AFFIDAVIT OF WITNESS

I, _____, of _____,
FULL NAME OF WITNESS CITY, PROVINCE/TERRITORY

make Oath and say that:

1. I was personally present and did see _____, the person named as
FULL NAME OF APPOINTER
 the appointer 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 _____, in _____,
NAME OF NOTARY PUBLIC CITY, PROVINCE/TERRITORY
 this _____ day of _____, 20_____.

Signature of notary public

Signature of witness

Commission expiry: YYYY/MM/DD

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