

RECORDING REQUESTED BY AND MAIL TO:

(Please type or use dark ink only on this form)

NAME _____

ADDRESS _____

RECORDER'S USE ONLY _____

AFFIDAVIT OF ASSESSMENT WORK (CALIFORNIA)

(No. of claims _____
 x \$15/claim = _____
 total due BLM \$ _____)

To Whom It May Concern, please take notice that:

- Certain labor and/or improvements required by law were performed or made on or for the following mining claim or claims (which together compromise a group of contiguous claims) in the County of Sierra, California, in the mining assessment year ending September 1, 20 _____, as follows:

County Recordation Data
 (Write in instrument or Book and Page No.)

Name of Mining Claim	Location by S/T.R/Mer. Example: 29/9N/14E/MDBM	Assessor's #	Original Recording		Last Amendment	
		BLM Serial #	Instrument No. or Book & Page	Date	Instrument No. or Book & Page	Date

(If more space is needed use supplemental sheet)

2A. _____ Maintenance Fee paid to BLM **OR**

2B. _____ Type of labor and improvements (specify what was done and give the total value for that labor and/or improvements of at least \$100 for each claim). If a geological, geochemical, or geophysical survey was performed, as per 30 U.S.C. 28-1, reference title of report of survey in question, give cost and date of the survey and report, and indicate it was filed with the County Recorder.

Description

Value

Tax Collector Use Only

This certifies that unsecured taxes have been paid on the account numbers listed here.

 Date Deputy Tax Collector

Total Value _____

2C. Date(s) the assessment work was performed _____
(month) (day(s)) (year)

3. Name(s) and address(s) of person(s) who performed the labor and improvements:

<u>Names(s) (print)</u>	<u>Current Mailing or Residence Address (print)</u>
_____	_____
_____	_____
_____	_____

4. Names(s) and address(s) of person(s) who hold and claim subject mining claims(s) for the valuable mineral(s) contained therein:

<u>Name(s) (print)</u>	<u>Current Mailing or Residence Address (print)</u>
_____	_____
_____	_____
_____	_____

5. The undersigned testify that on the original location date all monuments required by law were erected upon the subject claim(s), and all notices required by law were posted on the subject claim(s) or copies thereof were in place, and at said date each corner monument bore or contained marking sufficient to appropriately designate the corner of the claim to which it pertains and the name of the claim(s).

I (we) hereby certify under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct:

(Signature of person(s) responsible for above statement) _____
Date

FAILURE TO FILE ANNUALLY EVIDENCE OF ASSESSMENT WORK WITH BOTH THE APPROPRIATE COUNTY RECORDER AND THE BUREAU OF LAND MANAGEMENT WITHIN PRESCRIBED TIME PERIODS WILL CONSTITUTE AN ABANDONMENT OF THE MINING CLAIM(S).

FILE THIS ORIGINAL NOTICE WITH THE APPROPRIATE COUNTY RECORDER (by September 30) AND FILE A DUPLICATE NOTICE (by December 30) WITH THE BUREAU OF LAND MANAGEMENT, CALIFORNIA STATE OFFICE, 2800 COTTAGE WAY, ROOM W-1834, SACRAMENTO, CA 95825.

Any person who willfully makes a false statement with respect to any mining claim on the affidavit of labor or improvements or on the supplementary affidavit is guilty of a misdemeanor, and upon conviction shall be punished by a fine of not more than two hundred (\$200.00) or by imprisonment in the County jail for not more than six months, or by both the fine and imprisonment. (Public Resources Code of California, Div. 3.5, Chap. 1, Sec. 3913c,d)

This form is for the purpose of complying with the laws of the United States and the State of California pertaining to assessment work (30 USC 28, 43 CFR 3833.2). Subject to Paperwork Reduction Act and Privacy Act statements available at the BLM California State Office, Sacramento.

SIERRA COUNTY RECORDING FEES – ASSESSMENT WORK FORMS:

- \$14.00 for first page of document and one claim name**
- \$3.00 for each additional page**
- \$1.00 for each additional claim name after one (indexing fee)**
- \$75.00 Senate Bill (SB2) Fee per document, not per claim**