

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WHEN RECORDED, MAIL DOCUMENT TO:

NAME:  
ADDRESS:  
CITY, STATE:  
ZIP:

## FOR RECORDER'S USE

**AFFIDAVIT OF ANNUAL ASSESSMENT WORK - PROOF OF LABOR, MINING CLAIM**

I hereby certify that the taxes have been paid in full:		No. of Claims _____
X	Date: _____	X \$15 per Claim _____
Treasurer-Tax Collector Use		Total due to BLM \$ _____

TO ALL WHOM IT MAY CONCERN:

1. The undersigned certifies that at least \$100 per claim was expended for development, labor and improvements, or equivalent value added, as the annual assessment work for the assessment year ending September 1, \_\_\_\_\_ for the following contiguous unpatented mining claim(s), located in the County of \_\_\_\_\_, State of California.

BLM Serial No.	Name of Claim	Tp	Rg	Sec	Mer	County Recordation Document Number	Date
						Example: 13N 5E 14 MDM	

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

3. Name and Mailing Address of each person that performed the labor and improvements:

**PRINT NAME:**

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**PRINT CURRENT MAILING ADDRESS:**

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4. Name, Mailing & Residence Address of each person who holds and claims the subject mining claim(s) for the valuable minerals contained therein. Be sure to indicate if there is a change of address:

**PRINT NAME:**

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**PRINT CURRENT MAILING & RESIDENCE ADDRESS:**

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5. The undersigned testifies that on the date of \_\_\_\_\_ 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 markings sufficient to appropriately designate the corner of the claim to which it pertains and the name of the claim(s).

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

Signature, Name, Mailing & Residence Address of person responsible for above statement:

**SIGNATURE & DATE:**

**PRINT CURRENT MAILING & RESIDENCE ADDRESS:**

**Date:**

**Print Name Here**

Title 18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**BLM ADDRESS:**

Information Access Center  
BLM California State Office  
2800 Cottage Way, Ste. W-1623  
Sacramento, CA 95825  
Phone: (916) 978-4400

**DOCUMENT RECORDING ADDRESS:**

Plumas County Clerk-Recorder	Recording Fee	\$18
Courthouse	Housing Tax	\$75
520 Main Street Room 102		
Quincy, CA 95971		
Phone: (530) 283-6218		