## The following Document contains no Personal Information as defined by NRS 603A.040

## AFFIDAVIT OF ANNUAL ASSESSMENT WORK (Short Form)

## TO ALL WHOM IT MAY CONCERN:

The undersigned, Robert T. Yarbray , certifies that at least ONE HUNDRED AND 00/100 DOLLARS (\$100.00) per claim was expended for development, labor and improvement, or

DOC #	0136572
10/19/2010	03 15 PM

Official Record

Recording requested By ROBERT T. YARGRAY

Lincoln County - NV Leslie Boucher - Recorder

Fee. **\$35.50** RPTT: Book- 259 Page- 0019

Page 1 of 2 Recorded By: LB



sections(s):  Name of Claim(s)	Section	Township	RECORD	ER'S STAM Meridian
Eagle 9		28	68E	MDB&M
Eagle 10	2 2	2S	68E	MDB&M
Eagle 11	11	<u>2S</u>	68E	MDB&M
BLM Serial No(s):	Name an	d mailing address	of owner or cla	aimant:
NMC- 1023133	Name and mailing address of owner or claimant: Robert T. Yarbray			
NMC- 1023134	78365 Hwy 111, #287			
NMC- 1023135	La Quinta, CA 92253			
total number of 3 claims is b	eing filed wit	h this document.		
han Fifteen hundred han Fi	nd ended added. ray . ns are f, any op all .	(Owner, Claim befo	and sworn to ant, Agent, or L are me this, 20	essee)
7/0	rinted)	NOTADV BI	JBLIC (Signat	-wal

Nevada Proof of Labor, 30 USC Sec. 28-1, 28-2 - NRS 517.230

## **CALIFORNIA JURAT WITH AFFIANT STATEMENT**

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>\$49\$</u>
ee Attached Document (Notary to cross out	lines 1_6 below)
☐ See Statement Below (Lines 1–5 to be complete)	
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7	
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Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
State of California	
Country of Philosophy 5	
County of RIVERSIDE	Subscribed and sworn to (or affirmed) before me on this
	\ \mu\/ /
	Date day of, 201 U, by
	Date Month Year
	(1) KUBERT YARBRAY
· · · · · · · · · · · · · · · · · · ·	proved to me an the basis of satisfactory evidence
NAYAN P. GHELANI Commission # 1825490	proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)
Notary Public - California	
Riverside County	(and
My Comm. Expires Dec 31, 2012	(2) Name of Signer
_ \ \	
	proved to me on the basis of satisfactory evidence to be the person who appleared before me.)
	to be the person who appeared before the.)
	Signature
	Signature of Notary Fullic
Place Notary Seal Above	
<i>OP</i>	TIONAL ————————
Though the information below is not required by law,	
valuable to persons relying on the document and co fraudulent removal and reattachment of this form to ano	OF SIGNED #
Further Description of Any Attached Document	Top of diality have
Title or Type of Document: AFFIDAVIT OF ANI	NUAL ASSESS MENT WORK
Document Date: Number of	Pages:
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Signer(s) Other Than Named Above:	<del></del>