



413/84
W8406-413
The A



52801NE5032 W8406-00413 KEITH

010

Name and Postal Address of Recorded Holder: **Gerald Sanford,**
Box 913, Schumacher, Ontario P0N 1G0
 Inspector's License No.: **M21110**
Keith Township

Summary of Work Performance and Distribution of Credits

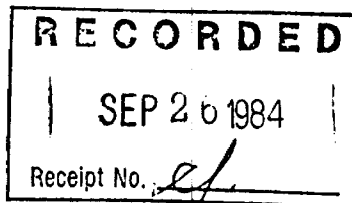
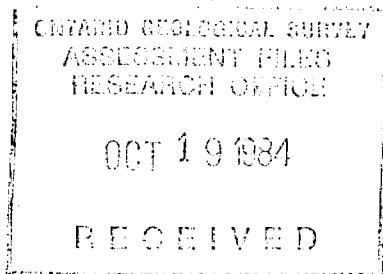
| Total Work Days Cr. claimed 49 | Mining Claim | | Work Days Cr. | Mining Claim | | Work Days Cr. | Mining Claim | | Work Days Cr. |
|---|--------------|--------|---------------|--------------|--------|---------------|--------------|--------|---------------|
| | Prefix | Number | | Prefix | Number | | Prefix | Number | |
| for Performance of the following work. (Check one only) <input checked="" type="checkbox"/> Manual Work <input type="checkbox"/> Shaft Sinking Drifting or other Lateral Work. <input type="checkbox"/> Compressed Air, other Power driven or mechanical equip. <input type="checkbox"/> Power Stripping <input type="checkbox"/> Diamond or other Core drilling <input type="checkbox"/> Land Survey | P | 751882 | 14 | | | | | | |
| | | 751883 | 20 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

All the work was performed on Mining Claim(s): **P-752148, P-752149**

Required Information eg: type of equipment, Names, Addresses, etc. (See Table Below)

P. Both, box 913, Schumacher, Ont.

total hrs. 294 ÷ 6 = 49 (15 remaining)



Date of Report: **25.09.84**

Recorded Holder or Agent (Signature): *Gerald Sanford*

Certification Verifying Report of Work

I hereby certify that I have a personal and intimate knowledge of the facts set forth in the Report of Work annexed hereto, having performed the work or witnessed same during and/or after its completion and the annexed report is true.

Name and Postal Address of Person Certifying

Gerald Sanford,
Box 913, Schumacher, Ont.

Date Certified: **Sept 26/84**

Certified by (Signature): *Gerald Sanford*

Table of Information/Attachments Required by the Mining Recorder

| Type of Work | Specific information per type | Other information (Common to 2 or more types) | Attachments |
|---|---|---|--|
| Manual Work | Type of equipment and amount expended. Must be submitted within 30 days of working. | Names and addresses of men who performed manual work/operated equipment, together with dates and hours of employment. | Work Sketch: these are required to show the location and extent of work in relation to the nearest claim post. |
| Shaft Sinking, Drifting or other Lateral Work | | | |
| Compressed air, other power driven or mechanical equip. | | Names and addresses of owner or operator together with dates when drilling/stripping done. | Work Sketch (as above) in duplicate |
| Power Stripping | | | |
| Diamond or other core drilling | Signed core log showing; footage, diameter of core, number and angles of holes. | | |
| Land Survey | Name and address of Ontario land surveyor. | Nil | Nil |



52B01NE5032 W8406-00413 KEITH

900

August:

| | Gerry Sanford | Jack Page | Pat Both |
|-----|---------------|-----------|----------|
| 1. | 10 | 8 | 10 |
| 2. | 10 | 8 | 10 |
| 3. | 10 | 8 | 10 |
| 4. | 10 | 8 | 10 |
| 5. | 10 | 8 | 10 |
| 6. | 10 | 10 | 10 |
| 7. | 10 | 10 | 10 |
| 8. | 10 | 10 | 10 |
| 9. | 10 | 10 | 10 |
| 10. | 10 | 10 | 8 |
| 11. | 10 | 10 | 10 |
| 12. | 10 | 10 | 10 |
| 13. | 10 | 10 | 10 |
| 14. | 10 | 10 | 10 |
| 15. | 10 | 10 | 10 |
| 16. | 10 | 10 | 10 |
| 17. | 10 | 8 | 8 |
| 18. | 10 | 10 | 10 |
| 19. | 10 | 10 | 10 |
| 20. | 10 | 10 | 10 |
| 21. | 10 | 10 | 10 |
| 22. | 10 | 10 | 10 |
| 23. | 10 | 10 | 10 |
| 24. | 10 | 10 | 10 |
| 25. | 10 | 10 | 10 |
| 26. | 10 | 10 | 10 |
| 27. | 10 | 10 | 10 |
| 28. | 10 | 10 | 10 |
| 29. | 10 | 10 | 10 |
| 30. | 10 | 10 | 10 |
| 31. | 10 | 10 | 10 |



294 hrs Manual labor

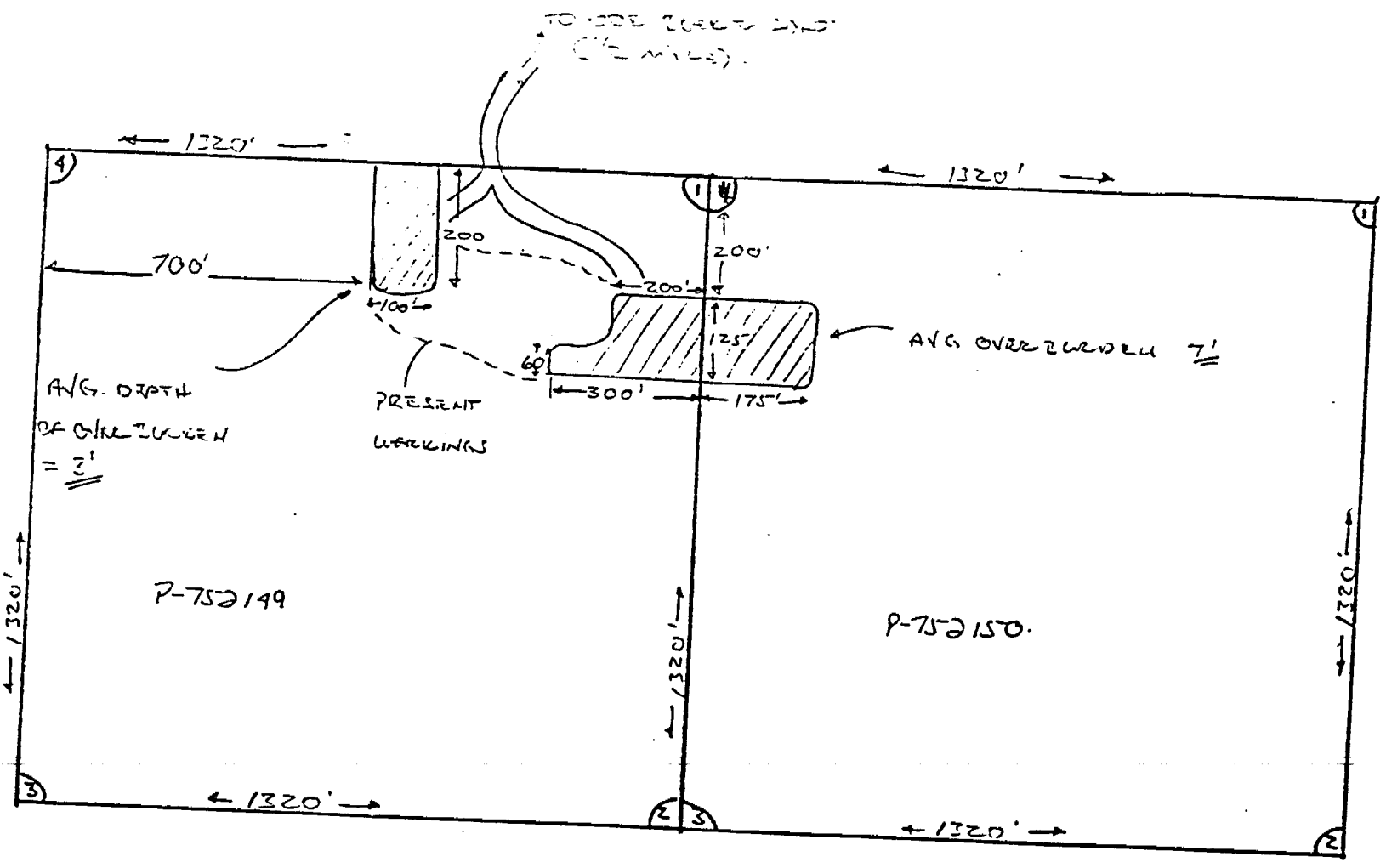
12 hrs mech. equip.

294 Manual Work Pat Both.

TOTAL- 310 hrs.

298 hrs.

306 hrs.



G. SAH FORD CLAIMS
1983-81. KEITH TOWNSHIP.

