

RPTT 1.30  
APN 005-190-18

**181407**  
**QUIT CLAIM DEED**

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE  
(Gerhard J. Alscher/Robert E. Toll) \_\_\_\_\_ for and in consideration of  
Nine hundred and 00/100 Dollars (\$ 900 00 ) do hereby QUIT CLAIM the right, title  
and interest, if any, which GRANTOR may have in all that real property, the receipt of which is hereby acknowledged,  
to the GRANTEE(S)  
Smile 4U Inc \_\_\_\_\_ whose street address is  
(if applicable) P O Box 101 \_\_\_\_\_, situate in the City  
of Lynden \_\_\_\_\_, County of \_\_\_\_\_, State of Washington \_\_\_\_\_.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows  
(Set forth legal description)

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M  
SECTION 11. SW4SE4SW4

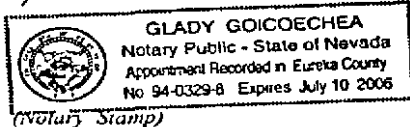
Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.  
In Witness Whereof, I/We have hereunto set my hand/our hands on March 19, 2003.

Frances E. Gale  
Signature of Grantor  
Frances E. Gale, Eureka County Treasurer

STATE OF NEVADA )  
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) March 19, 2003  
By (person/s) appearing before notary public) Frances E. Gale

Glady Goicoechea  
Notary Public  
My Commission expires 7-10-2006



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name Smile 4U Inc  
Address P O Box 101  
City/State/Zip Lynden, WA 98264

THIS SPACE FOR RECORDERS USE ONLY

BOOK 359 PAGE 298  
Smile 4U Inc  
031123 20 11:09:50  
FILED  
FEL 11/20/03

BOOK 359 PAGE 298

**181407**

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 05-190-18  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument# 181407  
Book 359 Page 298  
Date of Recording 3/20/03  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |  |              |                             |                 |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/>            | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex        |
| e) <input type="checkbox"/>            | Apl Bldg     | f) <input type="checkbox"/> | Comm/Indl       |
| g) <input type="checkbox"/>            | Agricultural | h) <input type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/>            | Other        |                             |                 |

## 3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 900<sup>00</sup>

Transfer Tax Value: \$

Real Property Transfer Tax Due: \$ 1.30

## 4. If Exemption Claimed

a Transfer Tax Exemption, per NRS 375.090, Section \_\_\_\_\_

b Explain Reason for Exemption: \_\_\_\_\_

## 5. Partial Interest: Percentage being transferred. \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Frances Gale Capacity Treasurer  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Frances Gale  
Address: P O Box 667  
City: Eureka, NV 89316  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

### COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)