

RPTT 1.30
APN 005-190-19

181408
QUIT CLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE
(William A. Peak) for and in consideration of
Nine hundred fifty and 00/100 Dollars (\$ 950.00) 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 SW4NE4SW4

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.

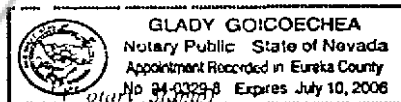
Frances E. Gale
Signature of Grantor
Frances E. Gale, Eureka County Treasurer

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

THIS SPACE FOR RECORDERS USE ONLY

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

BOOK 359 PAGE 299
Smile 4U Inc
03 MAR 20 11 19 51

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181408

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 05-190-19
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument# 181408
Book 359 Page 299
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"/>	Apt 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) \$ 950⁰⁰
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)