

RPTT 1.30
APN: 005-460-20

181409

QUIT CLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S) EUREKA COUNTY TREASURER, TRUSTEE

(Bruno A. & Viola Masser)

for and in consideration of

Eight hundred fifty and 00/100 Dollars (\$ 850.00) 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 29 NORTH, RANGE 48 EAST, MDB&M
SECTION 25 SE4NE4NW4

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

GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No. 94-0329-8 - Expires July 10 2006

(Notary Stamp)

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 300
Smile 4U Inc
CORRECTED
MAR 20 11 9:52
FILED 14⁰⁰

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STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 05-460-20
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	<u>181409</u>
Book	<u>359</u> Page <u>300</u>
Date of Recording	<u>3-20-03</u>
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/Vindl |
| 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) \$ 850⁰⁰
 Transfer Tax Value \$ _____
 Real Property Transfer Tax Due \$ 130

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)