

RPTT 1.30  
APN 003-196-01

**181413**

## QUIT CLAIM DEED

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

(Edwin R. & Virginia C. Foster)

for and in consideration of

Seven hundred and 00/100

Dollars (\$ 700.00 ) 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)

**LOT 55, NEVELCO INC UNIT #1**

Together with all and singular hereditament and appurtenances thereto 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 appearing before notary/public)

Frances E. Gale

Notary Public

My Commission expires

7-10-2006



GLADY GOICOECHEA  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
(Notary 032521 Expires July 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

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2003 359 304

Smile 4U Inc  
MAR 20 11:53

ORDER  
FILES 14<sup>00</sup>

**181413**

**STATE OF NEVADA  
DECLARATION OF VALUE**

**1. Assessor Parcel Number (s)**

a) 03-196-01  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument# 181413  
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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/Vndl
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) \_\_\_\_\_  
Transfer Tax Value: \_\_\_\_\_  
Real Property Transfer Tax Due: \_\_\_\_\_

\$ 700<sup>00</sup>  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$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)