

RPTT .65  
APN 003-225-06

181417

### QUIT CLAIM DEED

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

(Elmer Potts, et al)

for and in consideration of

One hundred fifty-five and 44/100 Dollars (\$ 155.44 ) 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 2, BLOCK M, NEVELCO INC UNIT #2

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

359 308  
Smile 4U Inc  
031720 11 9.54

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ORD. FEES 14.00

# STATE OF NEVADA DECLARATION OF VALUE

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

a) 03-225-06  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	<u>81417</u>
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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"/>            | Apt. 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) \$ 155,44  
 Transfer Tax Value \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ .65

**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)