

After recording please return to:  
Donna M. Velardi  
Margaret G. Iacoboni  
284 Fairview Avenue  
Hamden, CT 06514  
APN: 003-013-04  
Mail tax statements to above

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Smile4u, Inc  
2003 MAY -9 PM 2: 00

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 1400  
FEES 14.00

DEED

**181781**

For and in consideration p. the undersigned, **Smile4u, Inc.**, hereinafter referred to as Grantor, hereby conveys all rights and title in the following described real estate to **Donna M. Velardi and Margaret G. Iacoboni, As Joint tenants common with right of survivorship**, hereinafter referred to as Grantee, legally described as:

**LEGAL DESCRIPTION** 03-013-04, Lot 1, Block 5, Crescent Valley Ranch and Farms Unit #3

Situate in the County of ~~Ewa~~ in the state of Nevada

The Grantor will defend title and title to the real estate described above against claims against the Grantee arising from, under, through the Grantor only.

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, emements, or encumbrances. The Grantor makes no representation about the suitability of the real estate a particular purpose or the conditions therein. The Grantee has had an opportunity for due diligence and is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurisdiction finds any provision, clause, or section of this document to be illegal, invalid, or unenforceable at any circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, or unenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be ordered modified so that it shall become legal, valid, and enforceable. If the offending provision, clause or section cannot be so modified, it shall be considered deleted from this document. Unless otherwise required by law, the illegality, invalidity, or unenforceability of any provision, clause, or section of this document shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this document.

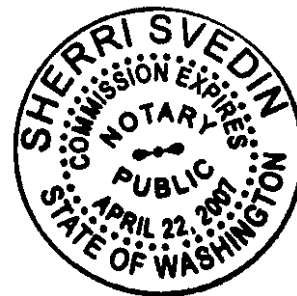
Witness my hand this 30<sup>th</sup> day of April, 2003.

Mark Abbott

Acknowledgment - Corporate

State of Washington  
County of Whatcom

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of April, 2003 by Mark Abbott, President of Smile4u, a Washington corporation on behalf of the said corporation.



Sherri Svedin

Notary Public

My Commission Expires: 4-22-07

**181781**

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**STATE OF NEVADA  
DECLARATION OF VALUE**

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

- a) 003-013-04  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**

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Date of Recording 5/9/03  
Notes \_\_\_\_\_

**2. Type of Property:**

- a) ☒ Vacant Land  
b) ☐ Single Family Res  
c) ☐ Condo/Townhouse  
d) ☐ 2-4 Plex  
e) ☐ Apt Bldg.  
f) ☐ Comm/Indl  
g) ☐ Agricultural  
h) ☐ Mobile Home  
i) ☐ Other

**3. Total Value/Sales Price Property:**

Deed in Lieu of Foreclosure Only (Value of Property)  
Transfer Tax Value:  
Real Property Transf Tax Due:

\$ 1325.00  
\$ \_\_\_\_\_  
\$ 1.95  
\$ 1.95

**4. If Exemption Claimed:**

- a) Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_  
b) Explain Reason for exemption: \_\_\_\_\_

Partial Interest: Percentage by transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, the information provided is correct to the best of their information 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 Donna M. Velardi Capacity seller  
Signature Margaret G. Jacobson Capacity Buyer

**SELLER (GRANTOR) FORMATION  
(REQUIRED)**

Print Name: Smiley, Inc  
Address: PO Box 1  
City: Lynden  
State: WA Zip: 98264

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: Donna M. Velardi and Margaret G. Jacobson  
Address: 284 Fairview Avenue  
City: Hamden  
State: CT Zip: 06514

**COMPANY/PERSON REQUESTING RECORDING  
(REQUIRED IF NOT THE SELLER/BUYER)**

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

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)