

After recording please return to:
Raymond E. Jones
Maryanne M. Jones
15323 N. 86th Avenue
Peoria, AZ 85381
APN: 003-221-09
Mail tax statements to above

BOOK 361 PAGE 269
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u, dne
2003 MAY 23 AM 10:03

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. **181816**
FEES *14.00*

DEED

For and in consideration p. the undersigned, **Smile4u, Inc.**, hereinafter referred to as Grantor, hereby conveys all rights and title he following described real estate to **Raymond E. Jones and Maryanne M. Jones, As Joint tenants iommon with right of survivorship**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION 03-221-09, Lot 2, Block K, Nevelco Inc Unit #2

Situate in the County of Eka in the state of Nevada

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

The Grantee accepts the restate in "as is" condition and where presently located including any improvements, structures, ements, 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 dilige and is purchasing this property based on Grantee's judgment and inquiry.

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

Witness my hand this 1st day of May, 2003.

Mark Abbott



Acknowledgment - Corporat

State of Washington
County of Whatcom

The foregoing instrument waeknowledged before me this 15th day of May, 2003 by Mark Abbott, President of Smile4uc., a Washington corporation on behalf of the said corporation.

Sherry Svedin

Notary Public

My Commission Expires: 12-2-07

181816

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Numb(s)

a) 003-221-09
 b) _____
 c) _____
 d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument # 181816
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 Date of Recording 5/23/03
 Notes _____

2. Type of Property:

- | | |
|--|---|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Family Res |
| c) <input type="checkbox"/> Condo/Townhome | 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 Property:

Deed in Lieu of Foreclosure Only (Value of Property) \$ 200.00
 Transfer Tax Value: \$ _____
 Real Property Transf Tax Due: \$ 0.65
 \$ 0.65

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 Marilynn Capacity Seller
 Signature Maryanne M. Jones Capacity Buyer

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

Print Name: Smile 4, Inc
 Address: PO Box 14
 City: Lynden
 State: WA Zip: 98264

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

Print Name: Raymond + Maryanne Jones
 Address: 15323 N. 86th Avenue
 City: Peoria
 State: AZ Zip: 85321

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

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____