

After recording please return to:
Christopher D. Payne
3920 Market #1
Oakland, CA 94608
APN: 003-233-05 and 003-225-06
Mail tax statements to above

BOOK 362 PAGE 22
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile 4 U Inc
2003 JUN -3 PM 2: 52

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

DEED

181960

For and in consideration of the undersigned, **Smile4u, Inc.**, hereinafter referred to as Grantor, hereby conveys all rights and title in the following described real estate to **Christopher D. Payne, single person**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION 03-233-05, Lot 9, Block S, Nevelco Inc. Unit #2
03-225-06, Lot 2, Block M, Nevelco Inc. Unit #2

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

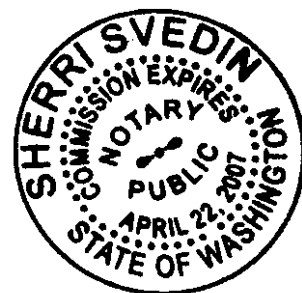
The Grantor will defend title and title to the real estate described above against claims against the Grantee arising from, under, through the Grantor only.

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, easements, or encumbrances. The Grantor makes no representation about the suitability of the real estate for 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 as to 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

2nd day of May, 2003
CA



Acknowledgment - Corporate

State of Washington
County of Whatcom

The foregoing instrument was acknowledged before me this 27th day of May, 2003 by Charlotte Abbott, Secretary of Smile4u, Inc., a Washington corporation on behalf of the said corporation.

Sherri Svedin

Notary Public

My Commission Expires: 12-07

181960

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**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Numb(s)

a) 003-233-05
b) 003-225-06
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument # 181960
Book: 362 Page: 22
Date of Recording 6-3-03
Notes _____

2. Type of Property:

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

Deed in Lieu of Foreclosure Only (Value of Property) _____
Transfer Tax Value: _____
Real Property Trans/Tax Due: _____

\$ 443.00
\$ _____
\$ 0.65
\$ 0.65

4. If Exemption Claimed:

- a) Transfer Tax Exption, per NRS 375.090, Section: _____
b) Explain Reason Exemption: _____

Partial Interest: Percentage ng transferred: 100 %

The undersigned declares acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, the information provided is com to the best of their information belief, and can be supported by documentation if called upon to substantiate the ination provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of addnal tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.0: the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity seller

Signature _____ Capacity Buyer

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Smith, Inc
Address: PO Box 101
City: Wend
State: W Zip: 98264

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

Print Name: Christopher D. Payne
Address: 3920 Market #1
City: Oakland
State: CA Zip: 94608

**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)