

After recording please return to:
Edwin G. Helmetag
Almarce Helmetag
PO Box 21
Kila, MT 59920
APN: 003-232-01
Mail tax statements to above

BOOK 362 PAGE 198
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 JUN -9 PM 2:50

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 74⁰⁰

DEED

181977

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 **Edwin G. Helmetag and Almarce Helmetag, As Joint tenants in common with right of survivorship**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION 03-232-01, Lots 1 & 2, Block R, Nevelco Inc Unit #2

Situate in the County of ~~Eureka~~ 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, under: 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 diligeraund is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurcton 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 unenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be cddered 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 otherwise 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 dcnent.

Witness my hand this 19th day of May, 2003.
Mark Abbott



Acknowledgment - Corporat
State of Washington
County of Whatcom

The foregoing instrument wa acknowledged before me this 19th day of May, 2003 by Mark Abbott, President of Smile4u., a Washington corporation on behalf of the said corporation.

Sherri Svedin
Notary Public

My Commission Expires: 22-07

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Numb(s)

- a) ~~003-232-0~~
- b) 003-232-0
- c) _____
- d) _____

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Date of Recording: 6/9/03

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 Transfer Tax Due: _____

\$ 510,00
 \$ _____
 \$ 1.30
 \$ 1.30

4. If Exemption Claimed:

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

Partial Interest: Percentage of 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: [Signature] Capacity: Seller
 Signature: [Signature] 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: Edwing. & Almasee Helmetag
 Address: PO Box 21
 City: Kila
 State: MT Zip: 59920

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

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