

After recording please return to:
Peter A. Anderson
POB 2083
Palm Springs, CA 92263
APN: 005-190-19
Mail tax statements to above

BOOK 362 PAGE 267
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 JUN 23 AM 10:58

DEED

182015

EUREKA COUNTY NEVADA
M. N. REBALEATI, RECORDER
FEE \$ 14.00

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 **Peter A. Anderson, single person**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION: 5-190-19, Township 30 North, Range 48 East, MDB&M, Section 11: SW4NE4SW4

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

The Grantor will defend the 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 in 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 13th day of June, 2003.

Mark Abbott

Acknowledgment - Corporate.

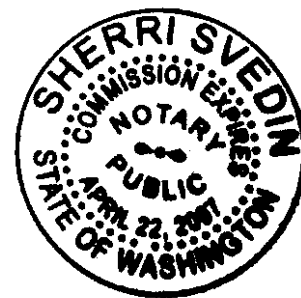
State of Washington
County of Whatcom

The foregoing instrument was acknowledged before me this 13th day of June, 2003 by Mark Abbott, President of Smile4u, Inc., a Washington corporation on behalf of the said corporation.

Sherri Svedin

Notary Public

My Commission Expires: 4-2-07



182015

BOOK 362 PAGE 267

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 005-190-19
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument # 182015
Book: 362 Page: 267
Date of Recording 6/23/03
Notes _____

2. Type of Property:

- | | |
|--|---|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Family Res |
| c) <input type="checkbox"/> Condo/Townhouse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt Bldg. | f) <input type="checkbox"/> Comm/Ind |
| 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: _____

\$ 1,701.00
\$ _____
\$ 2.60
\$ 2.60

4. If Exemption Claimed:

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

Partial Interest: Percentage transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, the information provided is true 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 375.03 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) INFORMATION (REQUIRED)

Print Name: Smile, Inc
Address: PO Box 1
City: Las Vegas
State: WA Zip: 98264

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Peter A. Anderson
Address: POB 2083
City: Palm Springs
State: CA Zip: 92263

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)