After recording please return to: Rhonda Lee Olson Richard Livingston Wallach 13000 Stoney Brook Drive Reno, NV 89511 APN: 003-233-06 Mail tax statements to above BOOK 362 PAGE 268

OFFICIAL RECORDS

RECORDED AT THE REQUEST OF

ZOO3 JUN 23 AM 10: 59

EUREKA COUNTY NEVADA M.N. REBALEATI. RECORDER FILENO. FEES /4

DEED

182016

For and in consideration pathe undersigned, Smile4u, Inc., hereinafter referred to as Grantor, hereby conveys all rights and title in following described real estate to Rhonda Lee Olson and Richard Livingston Wallach, As Jo tenants in common with right of survivorship, hereinafter referred to as Grantee, legally described as

LEGAL DESCRIPTION: 3-233-06, Lot 12, Block S, Nevelco Inc. Unit #2

Situate in the County of Eun in the state of Nevada

The Grantor will defend the it 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 ite 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 & particular purpose or the conditions therein. The Grantee has had an opportunity for due diligenced is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurisdon finds any provision, clause, or section of this document to be illegal, invalid, or unenforceable as my circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, or unforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be codered 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 uired by law, the illegality, invalidity, or unenforceability of any provision, clause, or section this docum shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this docunt.

Witness my hand this 16th day of June, 2003. Marker a West Story of June (2003)	
Acknowledgment - Corporatio	
State of Washington County of Whatcom	
The foregoing instrument was nowledged before me this 16th day of June, 2003 by Mark Abbott, President of Smile4u, a Washington corporation on behalf of the said corporation.	:
Sherri Svedin	
My Commission Expires: $4 - 2 - 0 - 7$ Notary	Public

STATE OF NEVADA DECLARATION OF VALU

Assessor Parcel Number(s)	
a) <u>003-233-06</u>	\ \
b)	\ \
c)	\ \
Type of Property:	FOR RECORDERS OPTIONAL LIGE ONLY
a) Vacant Land b) ingle Fam. Res.	FOR RECORDERS OPTIONAL USE ONLY Document/Instrument #: 182016
c) Condo/Twnhse d) 4 Plex	
e) Apt. Bldg f) omm'l/Ind'l	Book 362 Page: 268
g) Agricultural h) obile Home	Date of Recording: 6 - 23 - 03
Other	Notes:
Total Value/Sales Price of Perty	305,00
Deed in Lieu of Foreclosure O(value of property) (705,00
Transfer Tax Value: \$	0.65
Real Property Transfer Taxe \$	0.65
Treat Teporty Transfer Taxes	0.65
4. If Exemption Claimed:	
a. Transfer Tax Exemption NRS 375.090, Section	
b. Explain Reason for Exption:	
5. Partial Interest: Percentageing transferred: (O)	%
The undersigned declarend acknowledges, under	penalty of perjury, pursuant to NRS.375.060
and NRS 375.110, that the infortion provided is correct to	the best of their information and belief, and can be
supported by documentation if ad upon to substantiate t	he information provided herein. Furthermore, the
disallowance of any claimed exotion, or other determinate	ion of additional tax due, may result in a
penalty of 10% of the tax due pinterest at 1% per month	. Pursuant to NRS 375.030, the Buyer and Seller
shall be jointly and severally liaifor any additional amoun	t owed.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature Warfle Cellur	Capacity Seller
Signature Warfle Cellur Signature Produced Livengeton the	Capacity Seller Capacity Buyer
NIONAL TEE CASS	
SELLER (GRANTOR) INRMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: Smile 44, cc	Print Name: Monda L. Olson - Richard L. Wallach
Address: 90BOX10/	Address: 13000 stoney Brook Drive
City: Lynden	City: Keno
State: WA Zip: 8264	State: 20 Zip: 89511
COMPANY/PERSON REQUESIG RECORDING (require	and if not college we have
Print Name:	
Address:	Escrow #
City: State:	7in:
Oldie.	Zip:

(A PUBLIC RECORD THIS FORM MAY BE RECORDED)