

After recording please return to:
Smile4u, Inc
PO Box 101
Lynden, WA 98226
APN: 005-210-15
Mail Tax Statements to above

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Colleen Fernandez
2003 JUN 23 PM 1:05

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

DEED 182018

For and in consideration the undersigned, Colleen Fernandez, hereinafter referred to as Grantor, hereby conveys all rights and in the following described real estate to Smile4u, Inc, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION ownship 30 North, Range 48 East, M.D.B. & M. Section 15: SE4SW4SE4

Situate in the County of Eua in the state of Nevada.

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

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, emements, 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 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.

Dated this 17 day of June, 2003.

X Colleen J. Fernandez

STATE OF CALIFORNIA

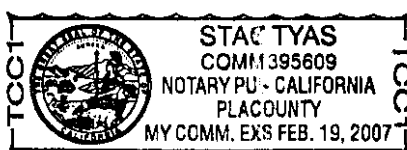
(INDIVIDUAL ACKNOWLEDGEMENT)

County of Placer

I certify that I know or have satisfactory evidence that Colleen J. Fernandez is the person who appeared before, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 17 day of June, 2003.

Print Name STAC TYAS
Notary Public in and for the State of California
My appointment expires: Feb 19, 2007



182018

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**STATE OF NEVADA
DECLARATION OF VALU**

1. Assessor Parcel Number(s)

- a) 005-210-15
b) _____
c) _____
d) _____

2. Type of Property:

- a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ Other

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument #: 182018

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Date of Recording: 6/23/03

Notes:

3. Total Value/Sales Price of Perty

Deed in Lieu of Foreclosure Or value of property)

Transfer Tax Value:

Real Property Transfer Tax e

\$ 1,000.00
(_____)
\$ 1.30
\$ 1.30

4. If Exemption Claimed:

a. Transfer Tax Exemption NRS 375.090, Section _____

b. Explain Reason for Exption: _____

5. Partial Interest: Percentage ng transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS.375.060 and NRS 375.110, that the infornion provided is correct to the best of their information and belief, and can be supported by documentation if ad upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exotion, or other determination of additional tax due, may result in a penalty of 10% of the tax due plinterest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liabtor any additional amount owed.

Signature _____

Capacity Buyer

Signature _____

Capacity _____

**SELLER (GRANTOR) INRMATION
(REQUIRED)**

Print Name: Colleen Fernandez
Address: 806 Pleasant Street
City: Roseville
State: CA Zip: 95678

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

Print Name: Smile 4u, INC
Address: PO Box 101
City: Cynden
State: WA Zip: 98264

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

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

(A PUBLIC RECORD THIS FORM MAY BE RECORDED)