

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

BOOK 362 PAGE 270
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, 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 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 enforceable 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 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 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 he free and voluntary act for the uses and purposes mentioned in the instrument.

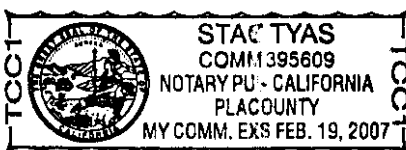
Dated this 17 day of June, 2003.

[Signature]

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) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 4 Plex |
| e) <input type="checkbox"/> Apt. Bldg | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | |

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	<u>182018</u>
Book	<u>362</u> Page: <u>270</u>
Date of Recording:	<u>6/23/03</u>
Notes:	

3. Total Value/Sales Price of Perty \$ 1,000.00
 Deed in Lieu of Foreclosure Or value of property) _____
 Transfer Tax Value: \$ 1.30
 Real Property Transfer Tax e \$ 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 infotion provided is correct to the best of their information and belief, and can be supported by documentation if od 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)**

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

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

Print Name: Smile Yu, INC
 Address: PO Box 101
 City: Clyden
 State: WA Zip: 98264

COMPANY/PERSON REQUES'G RECORDING (required if not seller or buyer)

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