

After recording please return to:
Smile4u, Inc
PO Box 101
Lynden, WA 98226
APN: 005-270-22 & 005-180-10
Mail Tax Statements to above

BOOK 363 PAGE 79-80
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile 4u Inc
2003 JUN 30 PM 1:40

DEED

182156

FUREKA COUNTY NEVADA
REBALEATI, RECORDER
FILE NO. FEES 15.00

For and in consideration p. the undersigned, Dolores M. Gannon, an unmarried woman, as her sole and separate property, hereafter referred to as Grantor, hereby conveys all rights and title in the following described real estate to *Smile4u, Inc*, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION *The SW 1/4 of Section 35, Township 30, Range 49 East*
The South one-half of South West one-quarter of Section 29, Township 30,
Range 48 East, M.D.B. & M.

Situate in the County of *Eka* in the state of Nevada.

The Grantor will defend thight and title to the real estate described above against claims against the Grantee arising from, unde: though 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 dilige and is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurction 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, unenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be osidered modified so that it shall becomes legal, valid, and enforceable. If the offending provision, clause or section cannot be so modified, it shall be considered deleted from this document. Unless otherwrequired by law, the illegality, invalidity, or unenforceability of any provision, clause, or section this docent shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this cument.

Dated this 19th day of JUNE, 2003.

X *Dolores M. Gannon*

STATE OF ARIZONA

ss.

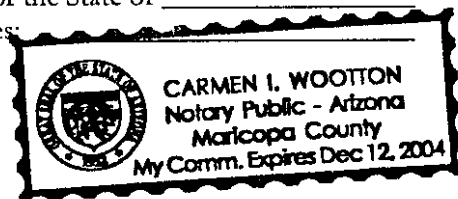
(INDIVIDUAL ACKNOWLEDGEMENT)

County of *Maricopa*

I certify that I know or h. satisfactory evidence that *Dolores M. Gannon* is the person who appeared bef me, and said person acknowledged that *she* signed this instrument and acknowledged it to be *a* free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 19th day of *June*, 2003

Carmen I. Wootton
Print Name *CARMEN I. WOOTTON*
Notary Public in and for the State of _____
My appointment expires: _____



BOOK 363 PAGE 79

SIGNATURE AFFIDAVIT AND AKA STATEMENT

SIGNATURE STATEMENT

I Dolores Thain (Gannon)
Certify that this is my true and correct signature

DOLORES GANNON
Grantor

Dolores Gannon
Sample Signature

AKA STATEMENT

I DOLORES THAIN further certify that I am also known as :

DOLORES M. ARATA
Name Variation (Print)

Dolores M. Arata
Sample Signature (Variation)

DOLORES M. GANNON
Name Variation (Print)

Dolores M. Gannon
Sample Signature (Variation)

DOLORES ARATA THAIN
Name Variation (Print)

Dolores Arata Thain
Sample Signature (Variation)

DOLORES M. THAIN
Name Variation (Print)

Dolores M. Thain
Sample Signature (Variation)

Name Variation (Print)

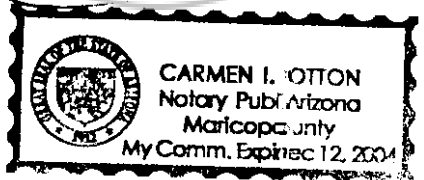
Sample Signature (Variation)

State of ARIZONA
County of MARICOPA

On JUNE 19, 2003 before me, personally appeared DOLORES GANNON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Carmen I. Otton



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 005-270-22
b) 005-180-10
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument # _____

Book: _____ Page: _____

Date of Recording _____
Notes _____

2. Type of Property:

- a) ☒ Vacant Land
b) ☐ Single Family Res
c) ☐ Condo/Townhome
d) ☐ 2-4 Plex
e) ☐ Apt Bldg.
f) ☐ Comm/Indl
g) ☐ Agricultural
h) ☐ Mobile Home
i) ☐ 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:

\$ 14,000.00
\$ _____
\$ 18.20
\$ 18.20

4. If Exemption Claimed:

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

Partial Interest: Percentage being 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 375.0, 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: Dolores Gannon
Address: 4948 Emerald Lane
City: Cave Creek
State: AZ Zip: 85331

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Smiley4u, Inc
Address: PO Box 101
City: Lynden
State: WA Zip: 98264

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)

[Signature]