

After recording please return to:  
Smile4u, Inc  
PO Box 101  
Lynden, WA 98226  
APN: 005-170-07  
Mail Tax Statements to above

BOOK 363 PAGE 206  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Smile 4u Inc*  
2003 JUL -7 AM 10:05

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 14 - 00

DEED

182188

For and in consideration p. the undersigned, **Charles Hamel, a single man**, hereinafter referred to as Grantor, hereby conveys aughts and title in the following described real estate to **Smile4u, Inc**, hereinafter referred to as Grantee, leg. described as:

**LEGAL DESCRIPTION** *the Northwest 1/4 of the Northeast 1/4 of Section 1, Township 30 North, Range 48 East, Mount Dlo Base and Meridian*

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

The Grantor will defend thght and title to the real estate described above against claims against the Grantee arising from, under 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 jurisdiction finds any provision, clause, or section of this document to be illegal, invalid, or unenforceable o any circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, onenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be isidered 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 16<sup>th</sup> day June, 2003.

X Charles Hamel

STATE OF CALIFORNIA

(INDIVIDUAL ACKNOWLEDGEMENT)

County of Los angeles

I certify that I know or h satisfactory evidence that CHARLES HAMEL is the person who appeared bet me, and said person acknowledged that he signed this instrument and acknowledged it to be h free and voluntary act for the uses and purposes mentioned in the instrument.

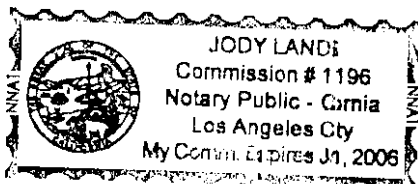
Dated this 16 day June, 2003

Jody Landers

Print Name JODY LANDERS

Notary Public in and for the State of CALIF.

My appointment expires: 1-31-06.



182188

BOOK 363 PAGE 206

**STATE OF NEVADA  
DECLARATION OF VALUE**

**1. Assessor Parcel Number (s)**

a) 005-170-07  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**  
 Document/Instrument #: 182188  
 Book: 363 Page: 206  
 Date of Recording: 7-7-03  
 Notes: \_\_\_\_\_

**2. Type of Property:**

- |  |              |                             |                   |
|--|--------------|-----------------------------|-------------------|
| a) <input checked="" type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Family Res |
| c) <input type="checkbox"/>            | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex          |
| e) <input type="checkbox"/>            | Apt Bldg.    | f) <input type="checkbox"/> | Comm/Indl         |
| 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) \$ 2000.00  
 Transfer Tax Value \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 2.60

**4. If Exemption Claimed:**

- a) Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_  
 b) Explain Reason for 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 correct 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 Charles Hamel Capacity seller  
 Signature Martie Wurtz Capacity Buyer

<b>SELLER (GRANTOR) INFORMATION (REQUIRED)</b>	<b>BUYER (GRANTEE) INFORMATION (REQUIRED)</b>
Print Name: <u>Charles Hamel</u>	Print Name: <u>Smiley, Inc</u>
Address: <u>11684 Hart Street</u>	Address: <u>PO Box 101</u>
City: <u>Nearby</u>	City: <u>Lynden</u>
State: <u>CA</u> Zip: <u>91406</u>	State: <u>WA</u> Zip: <u>98264</u>

**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)