

APN: 003-232-01
Recording Requested by:
Smile4u, Inc
PO Box 888
Lynden, WA 98264
Mail Tax Statements to above

BOOK 360 PAGE 82
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 AUG -4 PM 4:04

EUREKA COUNTY NEVADA
M.N. REBALEATH RECORDER
FILE NO. FEES 14⁰⁰

DEED

182260

For and in consideration of the undersigned, Edwin G. Helmetag and Almarée Helmetag, As Joint tenants in common with right of survivorship, hereinafter 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: 03-232-01, Lots 1 & 2, Block R, Nevelco Inc. Unit #2

Situate in the County of ~~Eura~~ in the state of Nevada.

The Grantor will defend the title 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 28 day of July, 2003.

X

STATE OF MONTANA

County of Flathead

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Edwin G. Helmetag - Almarée is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be free free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this July 28 day of July, 2003.

Linda M Graham
Print Name LINDA M GRAHAM
Notary Public in and for the State of Montana
My appointment expires: Feb 12, 2004



182260

BOOK 364 PAGE 082

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number (s)

a) 003-232-C
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument # 182260
Book: 360 Page: 82
Date of Recording 8/4/03
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: _____

\$ 510.00
\$ _____
\$ 1.30
\$ 1.30

4. If Exemption Claimed:

a) Transfer Tax Exemption, per NRS 375.090, Section: _____
b) Explain Reason 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 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 375.03 the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Maria A. H. Capacity Buyer
Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Edwin H. Mares Helmetag
Address: PO Box 21
City: Kila
State: MT Zip: 59920

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

Print Name: Smiley, Inc
Address: PO Box 888
City: Linden
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)