

APN: 003-196-01
Recording Requested by:
ENNA, Limited Liability Corption
PO Box 28593
Las Vegas, NV 89126
Mail tax statements to above

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 AUG 18 AM 9:00

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

182328

DEED

For and in consideration paid undersigned, **Smile4u, Inc.**, hereinafter referred to as Grantor, hereby conveys all rights and title in following described real estate to **ENNA, Limited Liability Corporation**, hereinafter referred to as Grac, legally described as:

LEGAL DESCRIPTION: 196-01, Lot 55, Nevelco Inc. Unit #1

Situate in the County of **Eun** in the state of **Nevada**

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

The Grantee accepts the real ite in "as is" condition and where presently located including any improvements, structures, easents, or encumbrances. The Grantor makes no representation about the suitability of the real estate for particular purpose or the conditions therein. The Grantee has had an opportunity for due diligencel is purchasing this property based on Grantee's judgment and inquiry.

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

Witness my hand this 13th day of August, 2003.

Mark Abbott

Acknowledgment - Corporation

State of Washington
County of Whatcom

The foregoing instrument was nowledged before me this 13th day of August, 2003 by Mark Abbott, President of Smile4u, a Washington corporation on behalf of the said corporation.

Sherril Svedin
Notary Public

My Commission Expires: 4-2-07



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**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

a) 003-196-01
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

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Notes _____

2. Type of Property:

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

3. Total Value/Sales Price Property:

Deed in Lieu of Foreclosure Only (Value of Property) _____
Transfer Tax Value: _____
Real Property Transfer Due: _____

\$ 1600.19
\$ _____
\$ 2.60
\$ 2.60

4. If Exemption Claimed:

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

Partial Interest: Percentage to be 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 and 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 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity seller

Signature [Signature] Capacity Buyer

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

Print Name: Smile, LLC
Address: 1060x1
City: Las Vegas
State: NV Zip: 89126

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

Print Name: ENNA, LLC
Address: PO Box 28543
City: Las Vegas
State: NV Zip: 89126

**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)