

QUIT CLAIM DEED

APN: 005-090-27

BOOK 366 PAGE 034
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile 4 U, Inc
2003 SEP 30 AM 8:40

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

182562

RECORDING REQUESTED BY AND L TAX STATEMENT TO

Name: SMILE 4 U, INC
Address: P.O. BOX 101
City/State/Zip: LYNDEN WA 98264

THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUST, (Joyce I. Bates) for and in consideration of
FIVE THOUSAND TO HUNDRED Dollars (\$ 5200.00) do hereby QUIT CLAIM
the right, title and interest any, which GRANTOR(S) may have in all that real property, the receipt
of which is hereby acknowledged, to the GRANTEE(S): SMILE 4 U, INC.

whose address
is (if applicable): P.O. BOX 101, situate in the City
of LYNDEN County of _____, State of WASHINGTON.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:
(Set forth legal description)

TOWNSHIP 31 NORTH, RANGE 49 EAST, MDB&M
SECTION 27: WE4

Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on _


SEPT. 29, 2003

Frances E. Gale
Signature of Grantor
Frances E. Gale, Eureka County Treasurer

STATE OF NEVADA)
)
COUNTY OF EUREKA)

This instrument acknowledged before me on (date) 9/29/03
By (person(s) appearing before me in public) Frances E. Gale

Kimberly L. Todd
Notary Public
My Commission expires: 1/3/07

 KIMBERLY L. TODD
Notary Public - State of Nevada
Appointment Recorded in Eureka County
(Notary Stamp)
No: 03-79670-8 - Expires January 3, 2007

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STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	182562
Book:	366
Page:	034
Date of Recording:	9/30/03
Notes:	

1. Assessor Parcel Numr (s)
 a) 005-090-27
 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/Twnh | d) <input type="checkbox"/> | 2-4 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 |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property: \$ 5200⁰⁰
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 7.15

4. If Exemption Claimed:
 a. Transfer Tax Exemption, per NRS 375.090, Section: _____
 b. Explain Reason for exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that 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 Francis Galb Capacity Treasurer
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: <u>Frances Gale</u>	Print Name: _____
Address: <u>P O Box 7</u>	Address: _____
City: <u>Eureka, NV 89316</u>	City: _____
State: _____	State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING
 (REQUIRED IF NOT THE SELLER/BUYER)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____