

QUIT CLAIM DEED

APN: 005-090-27

RECORDING REQUESTED BY AND L TAX STATEMENT TO

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

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

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 in, 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: 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 was acknowledged before me on (date) 9/29/03
By (person(s) appearing before my 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

BOOK 366 PAGE 034

182562

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Numr (s)

- a) 005-090-27
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182562
Book: 366 Page: 034
Date of Recording: 9/30/03
Notes: _____

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:

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

Real Property Transfer Tax Due: _____

\$ 5200⁰⁰

\$ _____

\$ _____

\$ 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 Frances Gale Capacity Treasurer

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Frances Gale
Address: P O Box 7
City: Eureka, CA 93116
State: CA

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER/BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____