APN: 002-026-05 Recording Requested by: Smile4u, Inc PO Box 888 Lynden, WA 98264 Mail Tax Statements to above BOOK 369 PAGE 18
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
2003 OCT 27 AM 10: 33
EUREKA COUNTY NEVADA
MIN. REBALEATL RECORDER

183137

Deed

For and in consideration patte undersigned, Lester Rupe, a single man, hereinafter referred to as Grantor, hereby conveys all its and title in the following described real estate to Smile4u, Inc, hereinafter referred to as Grantee, legallescribed as:

LEGAL DESCRIPTION: Ock 3 Lot 2, Crescent Valley Ranch & Farms 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 hough the Grantor only. If there is a breach of warranties or a claim against title, Grantor's liary is limited to \$250.00. Grantor may fulfill the duty to defend title should there be a claim byving up to \$250.00 to the buyer.

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 it particular purpose or the conditions therein. The Grantee has had an opportunity for due diligenced 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 my circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, or inforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be codered modified so that it shall becomes legal, valid, and enforceable. If the offending provision, clause, ection 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 docum.

	charact, or occurrent of this docent.
	Dated this 20th day of 70sec , 2003.
p) ²	x largaers In Ca Suadian of the Estate of Lester luge
	STATE OF WASHINGTON
1	County of KINE (INDIVIDUAL ACKNOWLEDGEMENT)
	I certify that I know or have sfactory evidence that DAVID C. GROUT is the
١	person who appeared before, and said person acknowledged that HE signed this instrument and acknowledged it to be HIS free and voluntary act for the uses and purposes mentioned in the
	instrument.
١,	Dated this 21 day of UOPER , 2003.
	Notary Signature
	Print Name KIBSTEN NOBLE, Notary Public in and for the State of WASHIGTON
	My appointment expires: 10: 22

SEAL Affixed

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STATE OF NEVADA DECLARATION OF VALUE

Assessor Parcel Number(s	
a) co2-026-05	\ \
b)	\ \
c)	\ \
d)	
2. Type of Property:	FOR RECORDERS OPTIONAL USE ONLY
a) X Vacant Land b) ingle Fam. Res.	Document/instrument #: 18 3 137
c) Condo/Twnhse d) 4 Plex	Book 369 Page: 18
e) Apt. Bldg f) omm'l/Ind'l	Date of Recording:/0 -27-03
g)Agricultural h) lobile Home	Notes:
Other	
Total Value/Sales Price of Frerty	\$ <u>a50.00</u>
Deed in Lieu of Foreclosure C (value of property)	
Transfer Tax Value:	\$1.95
Real Property Transfer Taxe	\$_1.95
4. If Exemption Claimed:	
a. Transfer Tax Exemption NRS 375.090, Section	on
b. Explain Reason for Exption:	
Partial Interest: Percentageing transferred: 10	<u>50</u> %
The undersigned declaresd acknowledges, un	nder penalty of perjury, pursuant to NRS.375.060
and NRS 3/5.110, that the infortion provided is corr	ect to the best of their information and helief, and can be
supported by documentation if od upon to substantia	ate the information provided herein. Furthermore, the
disallowance of any claimed exotion, or other determ	nination of additional tax due, may result in a
penalty of 10% of the tax due plinterest at 1% per m	onth. Pursuant to NRS 375.030, the Buyer and Seller
shall be jointly and severally liattor any additional an	nount owed.
11 12 12-	Ω
Signature Malkeall	Capacity Duyly
Signature	Capacity
	Capacity
SELLER (GRANTOR) INFMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name: LesterRol	Print Name: SMIPHU, Inc
Address: POBOX 319	Address: 80 BOX888
City: Seattle	City: Lynden
State: <u>WA Zip: 48103</u>	State: WA Zip: 98264
COMPANY/PERSON REQUES'G RECORDING (re	quired if not seller or buyer)
Print Name:	Escrow #
Address:	
City: State:	Zip:

(A PUBLIC RECORD THIS FORM MAY BE RECORDED)