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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 NOV -4 PM 3:43

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

APN: 005-090-27
Recording Requested by:
Judith C. Mayer Lynn
1010 Skyline
Battle Mountain, NV 89820
Mail tax statements to above

183158

DEED

For and in consideration paid the undersigned, **Smile4u, Inc.**, hereinafter referred to as Grantor, hereby conveys all rights and title in the following described real estate to **Judith C. Mayer Lynn**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION: 005-090-27, Township 31 North, Range 49 East, M.D.B. & M. Section 27 W2NE4

Situate in the County of **Eureka** 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 or through the Grantor only.

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, easements, 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 diligence in 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 construed 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.

Witness my hand this 30th day of October, 2003.

Mark Abbott

Acknowledgment - Corporate

State of Washington
County of Whatcom

The foregoing instrument was acknowledged before me this 30th day of October, 2003 by Mark Abbott, President of **Smile4u, Inc.**, a Washington corporation on behalf of the said corporation.

Sherri Svedin
Notary Public

My Commission Expires: 4-2-07



183158

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**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

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

2. Type of Property:

- a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ Other

FOR RECORDERS OPTIONAL USE ONLY

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Date of Recording: 11-4-03
Notes: _____

3. Total Value/Sales Price of Property

\$ 9,000.00

Deed in Lieu of Foreclosure (value of property)

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Transfer Tax Value:

\$ 35.10

Real Property Transfer Tax:

\$ 35.10

4. If Exemption Claimed:

a. Transfer Tax Exemption: NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declarant 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: M. and C. U. -

Capacity: seller

Signature: Judith C. Mayer Lynn

Capacity: buyer

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

Print Name: Smile4U, Inc.

Address: PO Box 888

City: Lynden

State: WA Zip: 964

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

Print Name: Judith C. Mayer Lynn

Address: 1010 Skyline

City: Battle Mountain

State: NV Zip: 89820

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____

Escrow #: _____

Address: _____

City: _____

State: _____

Zip: _____

(A PUBLIC RECORD THIS FORM MAY BE RECORDED)