

BOOK 369 PAGE 225
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 NOV 25 PM 2:09

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$74⁰⁰

183192

APN: 003-102-04
Recording Requested by:
Smile4u, Inc
PO Box 888
Lynden, WA 98264
Mail Tax Statements to above

DEED

For and in consideration of the undersigned, **Donna V. Medlock**, hereinafter referred to as Grantor, hereby conveys all rights and title in the following described real estate to **Smile4u, Inc**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION: Not 1 in Block 14 of Crescent Valley Ranch & Farms, Unit #4

Situate in the County of **Eureka** in the state of **Nevada**.

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

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, encumbrances, or encumbrances. The Grantor makes no representation about the suitability of the real estate for a particular purpose or the conditions therein. The Grantee has had an opportunity for due diligence and is 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 considered 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.

Dated this 17 day of November, 2003.

X Donna V. Medlock

STATE OF OREGON

County of Marion

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Donna V. Medlock is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 17 day of November, 2003.

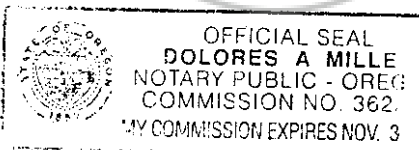
Dolores A. Miller

Notary Signature

Print Name Dolores A. Miller

Notary Public in and for the State of Oregon

My appointment expires: 11/3/2006



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**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number
 a) 003-102-04
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	<u>183192</u>
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Date of Recording: <u>11-25-03</u>	
Notes:	

3. Total Value/Sales Price property \$ 675.00
 Deed in Lieu of Foreclosure (value of property) (_____)
 Transfer Tax Value: \$ 3.90
 Real Property Transfer Tax Due \$ 3.90

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

5. Partial Interest: Percent being transferred: 100 %

The undersigned declare 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 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 Buyer
 Signature _____ Capacity _____

<u>SELLER (GRANTOR) INFORMATION</u>	<u>BUYER (GRANTEE) INFORMATION</u>
(REQUIRED)	(REQUIRED)
Print Name: <u>Danna Meade</u>	Print Name: <u>SMILE 4U, INC</u>
Address: <u>767 Browning Ave, South</u>	Address: <u>PO Box 888</u>
City: <u>Salem</u>	City: <u>WYDEN</u>
State: <u>OR</u> Zip <u>97302</u>	State: <u>WA</u> Zip: <u>98264</u>

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____