

APN: 003-041-08
Recording Requested by:
Smile4u, Inc
PO Box 888
Lynden, WA 98264
Mail Tax Statements to above

BOOK **373** PAGE **108-109**
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2003 DEC 30 PM 3:57

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **184737**
FEES **15.00**

DEED

For and in consideration paid, the undersigned, **Keith Hall Osborn**, 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: Lot 5 of Block 10 of Crescent Valley Ranch & Farms Unit #3

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

The Grantor will defend the right 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 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 to 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 18 day of December, _____.

X Keith Hall Osborn

STATE OF OREGON

County of Deschutes } ss.

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Keith Hall Osborn is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 18 day of December, 2003

Lisa D Newby
Notary Signature

Print Name Lisa D Newby

Notary Public in and for the State of Oregon

My appointment expires: _____



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 003-041-08
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
i) ☐ Other

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument #: 184737

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Date of Recording: 12-30-03

Notes: _____

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property)

Transfer Tax Value:

Real Property Transfer Tax Due

\$ 750.00
(_____)
\$ 3.90
\$ 3.90

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section _____
b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100%

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 M. McCall Capacity Buyer
Signature _____ Capacity _____

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

Print Name: Keith H. Osborn
Address: 1060 Victoria Falls Drive
City: Redmond
State: OR Zip: 97756

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

Print Name: Smile 4u, Inc
Address: PO Box 888
City: Lynden
State: WA Zip: 98264

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

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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)