

APN: 005-470-11
Recording Requested by:
Smile4u, Inc
PO Box 888
Lynden, WA 98264
Mail Tax Statements to above

BOOK 383 PAGE 298-299
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile 4u Inc
2004 JUL -9 PM 2:37

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
188208 FEES 15⁰⁰

DEED

For and in consideration paid, the undersigned, **Margarita Cochran**, 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: Township 29 North, Range 48 East, M.D.B. & M. Section 33: NW4SE4SE4

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 though 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 becomes 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 this document shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this document.

Dated this 2 day of July, 2004.

X *Margarita Cochran*
Margarita Cochran

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STATE OF CALIFORNIA

County of SACRAMENTO } ss.

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that MARGARITA COCHRAN 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 2nd day of JULY, 2004.

Sandra M. Miller
Notary Signature



Print Name SANDRA M. MILLER
Notary Public in and for the State of CALIFORNIA
My appointment expires: 3-10-2005

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 005-470-11
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 #: 188208
Book 383 Page: 298-299
Date of Recording: 7-9-04
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

\$ 1,200.00

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\$ 1,200.00

\$ 5.85

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 _____

Capacity _____

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Margarita Cochran

Address: 8149 Ramwood Way

City: Orangevale

State: CA Zip: 95662

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Smile4U, 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)