

QUIT CLAIM DEED

APN: 005-020-47

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Smile4U
Address: PO Box 888
City/State/Zip: Lynden, WA 98264

DOC # 0224112
04/19/2013 04:43 PM
Official Record
Recording requested By
EUREKA COUNTY TREASURER, TRUSTEE
Eureka County - NV
Mike Rebaleati - Recorder
Fee: \$14.00 Page 1 of 1
RPTT: \$31.20 Recorded By: FES
Book- 549 Page- 0041



THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY
TREASURER, TRUSTEE, (Humason, Brian W.) for and in consideration of
Five Thousand Nine Hundred Fifty-Four Dollars and Eighty Cents (\$5954.80) do hereby QUIT
CLAIM the right, title and interest, if any, which GRANTOR(S) may have in all that real property,
the receipt of which is hereby acknowledged, to the GRANTEE(S): Smile4U whose address is (if
applicable): PO Box 888, situate in the Town of Lynden, State of Washington.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

T31N, R48E Sec. 23 W2E2NE4
70 Panning Road

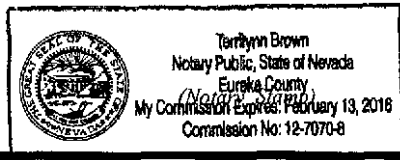
Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on April 19, 2013.

Beverly Conley
Signature of Grantor

STATE OF NEVADA )
COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) April 19, 2013
By (person(s) appearing before notary public) Beverly Conley\*\*

[Signature]
Notary Public
My Commission expires: Feb 13, 2016



(REQUIRED)
Print Name: Eureka Treasurer
Address: PO Box 677
City: Eureka
State: NV Zip: 89316

(REQUIRED)
Print Name: Smile 4U
Address: PO Box 888
City: Lynden
State: WA Zip: 98264

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
Print Name:
Address:
City: State: Zip:
Escrow #

# DECLARATION OF VALUE

### 1. Assessor Parcel Number (s)

a) 005-020-47  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

### 2. Type of Property:

a) <input type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

### 3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property)	\$	_____
Transfer Tax Value:	\$	<u>7,920<sup>00</sup></u>
Real Property Transfer Tax Due:	\$	<u>31<sup>00</sup></u>

### 4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_  
 \_\_\_\_\_

### 5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

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 Beverly Conley Capacity Treasurer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Eureka Treasurer  
 Address: PO Box 677  
 City: Eureka  
 State: NV Zip: 89316

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Smile 4U  
 Address: PO Box 888  
 City: Lynden  
 State: WA Zip: 98264

### COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

FOR RECO  
 Document#  
 Book:  
 Date of Re  
 Notes:

**DOC # DV-224112**  
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