

QUIT CLAIM DEED

APN: 005-690-04

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

DOC # 0224123

04/19/2013

04:56 PM

Official Record

Recording requested By
EUREKA COUNTY TREASURER, TRUSTEE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$5.85

Recorded By: .ES

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THIS INDENTURE WITNESS That the GRANTOR(S): EUREKA COUNTY TREASURER, TRUSTEE, (Bryant, Edward D.) for and in consideration of One Thousand Four Hundred Eighty Dollars and Fifteen Cents (\$1480.15) 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:

T30N R50E Sec 5 NW4NE4NE4

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



DECLARATION OF VALUE

FOR RECORD
Document
Book:
Date of Re
Notes:

DOC # DV-224123

04/19/2013 04:56 PM

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Page 1 of 1 Fee: \$14.00
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1. Assessor Parcel Number (s)

- a) 005-1690-04
- 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
- i) Other

3. Total Value/Sales Price of Property:

\$ _____
Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ 1163.00
Real Property Transfer Tax Due: \$ 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: _____ %

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)