

DOC # 0225259

11/25/2013

10:07 AM

Official Record

Recording requested By
SMILE4U INC

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00

Page 1 of 1

RPTT: \$13.65

Recorded By: LLH

Book- 558 Page- 0001

After recording please return to:

Les Garrett

Connie Garrett

352 LSF Unit 1

Spring Creek, NV 89815

APN: 005-520-22

Mail Tax Statements to Above

SPECIAL WARRANTY DEED

For and in consideration paid, the undersigned, **Smile4u Inc., a Washington Corporation**, hereinafter referred to as Grantor, hereby conveys all rights and title in the following described real estate to **Les Garrett and Connie Garrett, a married couple**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION: T29N R49E Sec 19 S2NW4SE4

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

Witness my hand this 19th day of November, 2013

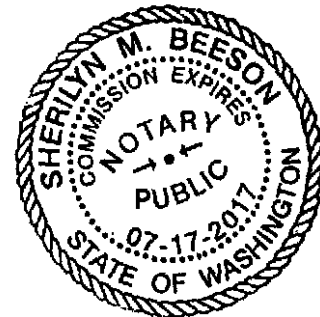
Mark Abbott
Mark Abbott

Acknowledgment - Corporation

State of Washington

County of Whatcom

The foregoing instrument was acknowledged before me this 19th day of November, 2013 by Mark Abbott, President of Smile4u Inc., a Washington corporation on behalf of the said corporation.



My Commission Expires:

7/17/17

[Signature]
Notary Public

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 005-520-22
b) _____
c) _____
d) _____

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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

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3. Total Value/Sales Price of Property

\$ 3,500⁰⁰

Deed in Lieu of Foreclosure Only (value of property) ()

Transfer Tax Value: \$

Real Property Transfer Tax Due \$ 13.65

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 parties agree that 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 Mandla Velt Capacity Seller

Signature [Signature] Capacity Buyer

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Smile4u Inc.

Address: P.O. Box 888

City: Lynden

State: Washington Zip: 98264

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: LES & Connie Garrett

Address: 352 LSF Unit 1

City: Spring Creek

State: NV Zip: 89815

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

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____