

DOC # 0229608

07/02/2015

1:00 PM

Official Record

Recording requested By  
SMILE4U

Eureka County - NV  
Sara Simmons - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT: \$9.75 Recorded By: LH  
Book- 580 Page- 0053



After recording please return to:  
Smile4u Inc  
PO Box 1337  
Taylor, AZ 85939  
APN: 005-420-33  
Mail Tax Statements to Above

### STATUTORY WARRANTY DEED

For and in consideration paid, the undersigned, **Mario J. F. Talbot and Kristina L. Talbot**, hereinafter referred to as Grantor, hereby conveys all rights and warrants the title in the following described real estate to **Smile4u Inc., a Washington Corporation**, hereinafter referred to as Grantee, legally described as:

**LEGAL DESCRIPTION: T29N R48E Sec 1 N2SW4NW4; NW4SE4NW4**

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

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.

This executory contract represents the final agreement between the parties and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements of the Parties. There are no unwritten oral agreements between the Parties.

#### JURISDICTION AND VENUE

If litigation is necessary to enforce this agreement, the jurisdiction shall be a court of proper jurisdiction in Whatcom County pursuant to the laws of Washington in force on the date of signing. The prevailing party shall be entitled to all legal costs, including but not limited to; court costs, attorney's fees, service fees, filing fees and all other costs associated with litigation.

APPLICABLE LAW

This Agreement and the rights and obligations of the parties hereunder shall be governed by and interpreted, construed and enforced in accordance with the laws of the State of Washington (regardless of the choice of law principles of Washington or of any other jurisdiction).

Dated this 23 day of JUNE 2015.

X Mario J. F. Talbot  
Mario J. F. Talbot

X Kristina L. Talbot  
Kristina L. Talbot

STATE OF GEORGIA

} ss. (INDIVIDUAL ACKNOWLEDGEMENT)  
County of Henry

I certify that I know or have satisfactory evidence that Mario J. F. Talbot is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be true free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 23rd day of June, 2015.



Sherry T. Lizama  
Notary Signature

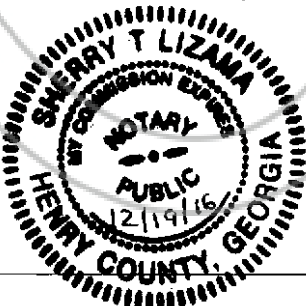
Print Name Sherry T. Lizama  
Notary Public in and for the State of Georgia  
My appointment expires: 12/19/16

STATE OF GEORGIA

} ss. (INDIVIDUAL ACKNOWLEDGEMENT)  
County of Henry

I certify that I know or have satisfactory evidence that Kristina L. Talbot is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be true free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 23rd day of June, 2015.



Sherry T. Lizama  
Notary Signature

Print Name Sherry T. Lizama  
Notary Public in and for the State of Georgia  
My appointment expires: 12/19/16



0229608

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**DOC # DV-229608**

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Page 1 of 1 Fee: \$15.00  
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1. Assessor Parcel Number(s)  
 a) 005-420-33  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:
- |  |              |                             |                  |
|--|--------------|-----------------------------|------------------|
| a) <input checked="" 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      |
| <input type="checkbox"/>               | Other        |                             |                  |

3. Total Value/Sales Price of Property \$ 2,500.00  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ 2,500.00  
 Real Property Transfer Tax Due \$ 9.75

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 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 Amber Allie Capacity Buyer  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: Mario Talbot & Kristina Talbot  
 Address: 3344 Highway 162  
 City: Covington  
 State: GA Zip: 30016

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: Smile4U Inc  
 Address: PO BOX 1337  
 City: Taylor  
 State: AZ Zip: 85939

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_