

DOC # 0232256

12/01/2016

11:18 AM

Official Record

Recording requested By
SMILE4U

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$15.00

Page 1 of 2

RPTT: \$23.40

Recorded By: CH

Book- 597 Page- 0364



After recording please return to:
Smile4u Inc
PO Box 1337
Taylor, AZ 85939
APN: 003-031-05; 002-019-04
Mail Tax Statements to Above

STATUTORY WARRANTY DEED

For and in consideration paid, the undersigned, **Glenn D. Messmer and Gwen Gottschalk, co-trustees of the Norma E. Messmer Trust**, 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: Lot 8 of Block 12 of Crescent Valley Ranch & Farms, Unit No. 3, as per map recorded in said County as File No. 34551; Lot 10 of Block 10 of Crescent Valley Ranch & Farms Unit No. 1, as per map recorded in said County as File No. 34081

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 of 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 21st day of NOVEMBER, 2016.

X

Glenn D. Messmer

Glenn D. Messmer, co-trustee
of the Norma E. Messmer Trust

X

Gwen Gottschalk

Gwen Gottschalk, co-trustee
of the Norma E. Messmer Trust

STATE OF ILLINOIS

County of DuPAGE } ss.

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that GLENN D. MESSMER is the person who appeared before me, and said person acknowledged that HE signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 21st day of NOVEMBER, 2016.



Joanne Messmer
Notary Signature

Print Name JOANNE MESSMER
Notary Public in and for the State of ILLINOIS
My appointment expires: 11/15/2020

STATE OF ILLINOIS

County of DuPAGE } ss.

(INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that GWEN GUTTSCHALK is the person who appeared before me, and said person acknowledged that SHE signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 21st day of NOVEMBER, 2016.



Joanne Messmer
Notary Signature

Print Name JOANNE MESSMER
Notary Public in and for the State of ILLINOIS
My appointment expires: 11/15/2020



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Book 597

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STATE OF NEVADA
DECLARATION OF VALUE FORMRecording requested By
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1. Assessor Parcel Number(s)

a) 003-031-05b) 002-019-04

c) _____

d) _____

2. Type of Property:

a) ☒ Vacant Land b) ☐ Single Fam. Res.c) ☐ Condo/Twnhse d) ☐ 2-4 Plexe) ☐ Apt. Bldg f) ☐ Comm'l/Ind'lg) ☐ Agricultural h) ☐ Mobile Homei) ☐ Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 2,000.00

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

Transfer Tax Value: \$ 5,746.00Real Property Transfer Tax Due \$ 23.40

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 Abbott Capacity Buyer

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Norma E. Messinger TrustAddress: 926 Windmere Ct.City: DarienState: IL Zip: 60561

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Smile4u IncAddress: PO Box 1337City: TaylorState: AZ Zip: 85939

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

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____