THIS INSTRUMENT WILL NOT ALLOW USE OF THE PR INSTRUMENT IN VIOLATION OF APPLICABLE LAND UREGULATIONS. BEFORE SIGNING OR ACCEPTING THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SIAPPROPRIATE CITY OR COUNTY PLANNING DEPARTIUSES. (ORS 93.040 (1))

2009-003893

Klamath County, Oregon



03/18/2009 08:38:06 AM

Fee: \$26.00

| ISSESS | OR PARCEL No. R-3511-015DO-0100-000 |
|--------------------------|--|
| OTE: | Deed prepared by Grantor Below. |
| IAME: | Spartan Land and Cattle Company LLC |
| | SS: 3900 Hancock Drive |
| | I/ZIP: Sacramento, Ca 95821 |
| | |
| VHEN: | RECORDED MAIL TO (GRANTEE): |
| MAIL T | 'AX STATEMENTS TO (GRANTEE): |
| MAIL T | RECORDED MAIL TO (GRANTEE): AX STATEMENTS TO (GRANTEE): Annette Miner M. Miner |
| MAIL T NAME: ADDRE | 'AX STATEMENTS TO (GRANTEE): |

SPECIAL WARRANTY DEED

SALEPPICE #3750,00

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (seller)

whose name(s) is/are:

Spartan Land and Cattle Company LLC

Does conveys and specially warrants to:

Annette M. Miner

Grantee, the following described real property free of encumberances created by the Grantor, situated in:

Klamath County, Oregon

Oregon Pines, Block 19, lot 14

| Witness Whereof, my hand has been set on | March 9th | ,20 <u>C</u> |
|--|-----------|------------------------|
| Sparten boul and Contile Company We Signature on line above | | Signature on line abov |
| Print on line above | | Print on line abo |
| On MARCH 3,20 C9 E | y ROBIERT | Kincade |
| Notary Public in and for said County and State My commission expires on: 29 200 | | |

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

| State of California | |
|---|--|
| | |
| County of SACRAMENTS | |
| | |
| | |
| On MARCHY, 200) before me, ITEND | RAD, PATCL NOTARY DUBLIC |
| | PAD, PATELY NOTARY Public, (Here insert name and title of the officer) KINCADE |
| nersonally anneared | Kincado |
| personally appeared | |
| who proved to me on the basis of satisfactory evide | ence to be the person(s) whose name(s) is/are subscribed to |
| the within instrument and acknowledged to me the | t he/she/they executed the same in his/her/their authorized |
| capacity(ies) and that by his/her/their signature/s) | on the instrument the person(s), or the entity upon behalf of |
| which the person(s) acted, executed the instrument. | of the distribution the persones, or the entity upon behalf of |
| which the personal detect, executed the histrament. | |
| I certify under PENALTY OF PERHIRV under the | laws of the State of California that the foregoing paragraph |
| is true and correct. | laws of the State of Camornia that the foregoing paragraph |
| is true and conjust. | |
| | JITENDRA D. PATEL |
| WITNESS my hand and official seal. | O COMM. # 1679310 O NOTARY PUBLIC - CALIFORNIA |
| 1 1 A T | SACRAMENTO COUNTY MY COMM. EXP. JULY 29, 2010 |
| Charles I | |
| Signature of Notary Public | (Notary Scal) |
| | |
| | • |
| ADDITIONAL OPT | ΓΙΟΝΑL INFORMATION |
| | INSTRUCTIONS FOR COMPLETING THIS FORM |
| DESCRIPTION OF THE ATTACKED DOCK OF THE | Any acknowledgment completed in California must contain verbiage exactly as |
| DESCRIPTION OF THE ATTACHED DOCUMENT | appears above in the notary section or a separate acknowledgment form must be |
| Special WARMANTY TOOK | properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative |
| (Title or description of attached document) | acknowledgment verbiage as may be printed on such a document so long as the |
| | verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the |
| (Title or description of attached document continued) | document carefully for proper notarial wording and attach this form if required. |
| Number of Pages Document Date 3/9/09 | State and County information must be the State and County where the document |
| Number of Pages / Document Date / 10 | signer(s) personally appeared before the notary public for acknowledgment. |
| 1 | Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. |
| (Additional information) | The notary public must print his or her name as it appears within his or her |
| | commission followed by a comma and then your title (notary public). |
| | Print the name(s) of document signer(s) who personally appear at the time of notarization. |
| CAPACITY CLAIMED BY THE SIGNER | Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. |
| ☐ Individual (s) | he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. |
| ☐ Corporate Officer | The notary seal impression must be clear and photographically reproducible. |
| (Title) | Impression must not cover text or lines. If seal impression smudges, re-seal if a |
| ☐ Partner(s) | sufficient area permits, otherwise complete a different acknowledgment form. |
| | - Signature of the hotary public must match the signature on file with the office of |
| Attorney-in-ract | the county clerk. |
| ☐ Attorney-in-Fact ☐ Trustee(s) | the county clerk. Additional information is not required but could help to ensure this |
| | the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. |
| ☐ Trustee(s) | Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. |

Securely attach this document to the signed document