THIS INSTRUMENT WILL NOT ALLOW USE OF THE PINSTRUMENT IN VIOLATION OF APPLICABLE LAND REGULATIONS. BEFORE SIGNING OR ACCEPTING THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SAPPROPRIATE CITY OR COUNTY PLANNING DEPARTUSES. (ORS 93.040 (1))

2009-008503 Klamath County, Oregon

06/19/2009 09:27:42 AM



ASSESSOR PARCEL No. R-3510-027C0-02200-000
NOTE: Deed prepared by Grantor Below.
NAME: Robert C. Kincade
ADDRESS: 3900 Hencock Drive
CITY/ST/ZIP: Sacramento, Ca 95821

WHEN RECORDED MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: Dennis and Diane Wood
ADDRESS: 1310 Washington St. SW

Fee: \$26.00

SPECIAL WARRANTY DEED

SHEPRICE \$5,000-

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (seller) whose name(s) is/are:

Robert C. Kincade

Does conveys and specially warrants to:

CITY/ST/ZIP: Albany, OR 97321

Dennis Wood and Diane Wood

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

Lot 11, Block 45, First Addition To Klamath Forest Estates, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

Witness Whereof, my hand has been set on .	Tune	975	,29 <u></u>
ZMM			
Signature on line above			Signature on line above
Print on line above		Print on line abov	
on 6/4/ ,2009	By Roo	50T	Kincade
Witness my hand and official seal A C C A Notary Public in and for said County and State	, - ,	.12101	
My commission expires on: 7/25/2010	ت رة م	CON	IDRA D. PATEL Z MM. # 1679310 O PUBLIC-CALIFORNIA O PRAMENTO COUNTY PRO DUN 27 2010 T

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

On 6/4/2009 before me, JITENT	Here insert name and title of the officer) FINCAGE (Here insert name and title of the officer)			
personally appeared ROBERT C.	Kincade,			
the within instrument and acknowledged to me that	nce to be the person(s) whose name(s) is/are subscribed to he/she/they executed the same in his/her/their authorized in the instrument the person(s), or the entity upon behalf of			
I certify under PENALTY OF PERJURY under the is true and correct.	laws of the State of California that the foregoing paragraph			
WITNESS my hand and official seal. Signature of Notary Public	JITENDRA D. PATEL COMM. # 1679310 NOTARY PUBLIC CALIFORNIA SACRAMENTO COUNTY MY COMM. EXP. JULY 29, 2010 T			
ADDITIONAL OPTIONAL INFORMATION				
DESCRIPTION OF THE ATTACHED DOCUMENT Compared to the continued of the c	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be 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 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 document carefully for proper notarial wording and attach this form if required. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. 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 Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of 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. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document. 			

State of California

County of SACRAMEND