THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USF REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHO APPROPRIATE CITY OR COUNTY PLANNING DEPARTMI USES. (ORS 93.040 (1))

2009-014154 Klamath County, Oregon



11/03/2009 09:13:59 AM

ASSESSOR PARCEL No. R-4107-00900-00204-000 NOTE: Deed prepared by Grantor Below. NAME: Robert C. Kincade ADDRESS: 3900 Hancock Drive CITY/ST/ZIP: Sacramento, CA 95821 WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE): NAME: Robert & Rabeah Sackett ADDRESS: 36311 Via El País Bonita

SPECIAL WARRANTY DEED

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: Temecula, CA 92592

Robert Sackett or Rabeah Sackett

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

The NW1/4 SW1/4 NW1/4 of Section 9, Township 41 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon

Witness Whereof, my hand has been set on	Oct 15 15	,20 <i>0</i> 9
Zum -	^	
Signature on line above Robust C. Vincuole		Signature on line above
Print on line above	*	Print on line above
	1 100 - 10 Friends 1 yes	-

DOLORES SANCHEZ COMM. # 1794300 NOTARY PUBLIC - CALIFORNIA SACRAMENTO COUNTY ()

My commission expires on: March 33 2009

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

County of SAC + 4 ments	
on 15 October 2009 before	e me, Adores SANChez Name and Title of Officer (e.g., "Jane Doe, Notary Public")
Date	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Lobert	FINC ACE Name(s) of Signer(s)
Dersonally known to me – OR – □ proved t	to me on the basis of satisfactory evidence to be the person(s
DOLORES SANCHEZ COMM. # 1794300 NOTARY PUBLIC - CALIFORNIA SACRAMENTO COUNTY O COMM. EXPIRES MARCH 23, 2012	whose name(s) is/are subscribed to the within instrumer and acknowledged to me that he/she/they executed th same in his/her/their authorized capacity(ies), and that b 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.
	WITNESS my hand and official seal.
	Lolon Dan L
	OPTIONAL —
Though the information below is not required by law, it	may prove valuable to persons relying on the document and could prevent
traudulent removal and re	eattachment of this form to another document.
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Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Individual Corporate Officer	Number of Pages: Signer's Name: Individual Corporate Officer
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Individual Corporate Officer Title(s):	Number of Pages: Signer's Name: Individual Corporate Officer Title(s):
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Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee	Number of Pages: Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Number of Pages: Signer's Name: Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator RIGHT THUMBPRINT
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