THIS INSTRUMENT WILL NOT ALLOW USE IN THIS INSTRUMENT IN VIOLATION OF AF AND REGULATIONS. BEFORE SIGNING OR THE PERSON ACQUIRING FEE TITLE TO TH WITH THE APPROPRIATE CITY OR COUNTY VERIFY APPROVED USES.

ASSESSOR PARCEL NO. 2311-0140-05100-000
NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE
ADDRESS: 39ED HANCECK DR.
CITY/ST/ZIP: SACRAMENTO, CA 95821
WHEN RECORDER MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: DRRINT SHARP
ADDRESS: 4215 REGENCY DRIVE
CITY/ST/ZIP: CARRADE CONTACTOR

2011-004451 Klamath County, Oregon



04/06/2011 09:25:39 AM

Fee: \$42.00

COLORADO GRANTS, CO 80900p	
SPECIAL WAR	RRANTY DEED \$ 3500.
FOR VALUABLE CONSIDERATION, receipt of which is a is/are.	cknowledged, the Grantor (Seller) whose name(s)
Does conveys and specially warrants to:	./. 0.0
ORRIN J. S	<u></u>
Grantee, the following described real property free of er $i\angle LAMATTHCOLE$	ncumberances created by the Grantor, situated in:
OREGON PINES, BL	OCK 20, LOTZ
Witness Whereof, my hand has been set on	4// 200//
2 1	
Signature on line above	Signature on line above
Print on line above	Print on line above
On 120 1 By Witness my hand and official seal	٠
Notary Public in and for said County and State	distablic the purpose new nowhale
My commission expires on: May 31 2014	

Special WARPHOTY DEED,

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	l
County of SCOPAMENTO	
on \$11/11 before me, Sapa	nother Sockton noting public.
personally appeared Michael King	Here Insert Name and Title of the Officer
personally appeared 1 1 01 10/10/11 1-11	Name(s) of Signer(s)
SARAH ASHLEY STOCKTON COMM. # 1891557 NOTARY PUBLIC • CALIFORNIA 6 SACRAMENTO COUNTY Comm. Expires MAY 31, 2014	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/size/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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.
OPTIC	
Though the information below is not required by law, it n and could prevent fraudulent removal and rea	nay prove valuable to persons relying on the document ttachment of this form to another document.
Description of Attached Document	
Title or Type of Document:	
•	Number of Pages:
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 Other: Signer Is Representing: Signer Is Representing:	Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:

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