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

ASSESSOR PARCEL No R-3511-8/400-052005
NOTE: Deed prepared by Grantor below.
NAME: MIKE KINCADE
ADDRESS: 3900 HANCOCK DR.
CITY/ST/ZIP: SACRAMENTO, CA 95821
WHEN RECORDER MAIL TO (GRANTEE):
MAIL TAX STATEMENTS TO (GRANTEE):
NAME: DPPIN J SHAPP
ADDRESS: 4215 REGENCY DRIVE
CITY/ST/ZIP: DISPARED SORIALS. CO

My commission expires on:

2011-004452 Klamath County, Orego

Klamath County, Oregon

00099998201100044520020029

04/06/2011 09:25:45 AM

Fee: \$42.00

			~5:T4=	RHICE
SPECIAL	WARRA	NTY DE	ED 🖋 as	36,50

FOR VALUABLE C is/are.	ONSIDERATION, receipt of w	which is acknow	- ·	antor (Seller) who	se name(s)
Does conveys and	specially warrants to:				
	OPRIN-		`		
•	ring described real property f ELAMATH	COUNTY	1, OREG	0	situated in:
02	EGON PINES		•	·	
Witness Whereof.	my hand has been set on	4/1		20/	
Signature on line a	bove ADS			Signature on li	ne above
Print on line above				Print on line	above
On APP Witness my hand a		By SEP CONYEN	4110 M1 P	ruppost pe	know fec
INOLATY PUDIIC III AN	iu ioi salu County and State				
	0.40.	4 /1			

SPENAL WARPANTY DE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

} Jan Osniey Stockton notarya public .				
Name(s) of Signer(s)				
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/spe/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.				
Signature Signature of Notary Public				
TIONAL It may prove valuable to persons relying on the document eattachment of this form to another document.				
Number of Pages:				
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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