THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATION. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUN-TY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. APN# R225768

NOTE: Deed prepared by Grantor below.

NAME: Michael Kincade, Tr ADDRESS: 4720 Loch Lomond Dr CITY/ST/ZIP: Carmichael, CA 95608

WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE):

proved to me on the basis of satisfactory evidence to be

the person(s) who appeared before me.

Signature .

NAME: Doug Brockmeier

ADDRESS: 404 Central Ave, Unit B CITY/ST/ZIP: Alameda, CA 94501

2017-004722

Klamath County, Oregon



05/05/2017 08:38:59 AM

Fee: \$47.00

SPECIAL WARRANTY DEED # 1/76	
FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are. Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014	
Does conveys and specially warrants to: Doug Brockmeier	
Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon	
Lot 12, Block 15 Oregon Shores Tract No. 1053 APN: R225768	
Witness Whereof, my hand has been set on	
Signature in line above Signature on line above	
Print on line above	
State of California, County of	

SEE CALIFORNIA ALL PURADSE ACKNOWLESOMENT.

(seal)

Special WARIZANT

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>%\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@</u>	
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
State of California County of SACRAMENTO On 24 APRIL 2017 before me, July Date personally appeared MICHAEL KI	WAN WAGN LER WINDEY WBLIC. Here Insert Name and Title of the Officer WC VANE, IP Name(s) of Signer(s)	
subscribed to the within instrument and acknowled	evidence to be the person(s) whose name(s) is/are dged to me that he/she/they executed the same in /her/their signature(s) on the instrument the person(s), ed, executed the instrument.	
0	certify under PENALTY OF PERJURY under the laws f the State of California that the foregoing paragraph true and correct.	
NOTARY PUBLIC • CALIFORNIA S SACRAMENTO COUNTY Comm. Expires MARCH 22, 2021	viTNESS my hand and official seal. ignature Signature of Notary Public	
Though this section is optional, completing this in	iONAL Information can deter alteration of the document or form to an unintended document.	
Description of Attached Document Title or Type of Document: SPECIAL WAPPAN Document Date: ASSIGNER(S) Other Than Named Above: MON	Number of Pages:	
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Limited Deneral Individual Attorney in Fact Trustee Deardian or Conservator Other: Signer Is Representing:	Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:	
©2016 National Notary-Association • www.NationalNotary	org • 1-800-US NOTARY (1-800-876-6827) Item #5907	

GRECIAL WARRANTY DEED