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 FIE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUN-TY PLANNING DEPARTMENT TO VERIFY APPROVED USES.



ASSESSOR PARCEL NO. **B29205**2 AU 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): NAME: Ramon F. Toscano ADDRESS: 5606 San Onofre Terrace CITY/ST/ZIP: San Diego, CA 92114





02/07/2018 08:24:26 AM

Fee: \$47.00

## SPECIAL WARRANTY DEED

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:

Ramon F. Toscano

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

Kiamath County, Oregon

Lot 4 in Block 13 Original Town of Sprague River

APN: R333222 MapTaxLot: R-3610-014BC-00800-000	
Witness Whereof, my hand thas been set on $\underline{-ANZY}$	,20_/&
FUL IR	·
Stgnatyte fu line above	Signature on line above
NICHAEL MACADE TR	
Print on line above	Print on line above

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature \_\_\_\_\_\_ (seal)

SEE CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT.

HALE LOF 2 A ACCIAL WARANT / Dec

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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</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 SPCEA	MENTO )
On 39 JAN 20	before me, JED VAN WAGNER, NDTARY PUBLIC Here Insert Name and Title of the Officer
Date personally appeared	MICHAEL KINCALE
	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(**9**) whose name(**s**) is/aresubscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(**9**) on the instrument the person(**9**), or the entity upon behalf of which the person(**9**) 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

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document	
Capacity(ies) Claimed by Signer(s)         Signer's Name:         Corporate Officer — Title(s):         Partner —         Limited         General         Individual         Attorney in Fact         Trustee         Guardian or Conservator         Other:	Signer's Name: Corporate Officer — Title(s): Partner — I Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:
Signer Is Representing: ©2016 National Notary Association • www-NationalNotary A CC GRACE	Signer Is Representing: y.org • 1-800-US NOTARY (1-800-876-6827) Item #5907 2 CF With Mart Pool