

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 EFTV TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. ^{R433542 AND} ~~R738624~~
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: Anthony Taft
ADDRESS: 140 East Main #294
CITY/ST/ZIP: Alsea, OR 97324

2018-002338

Klamath County, Oregon



00218120201800023380020022

03/02/2018 08:54:25 AM

Fee: \$47.00

SPECIAL WARRANTY DEED

SALE PRICE
1295 -

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 convey and specially warrants to:

Anthony Taft

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

Klamath County, Oregon MAP TAX LOT: ~~R3809-019AD-02800-000~~

Lot 3, Block 17 and Lot 1, Block 18, CHELSEA ADDITION

to the City of Klamath Falls, Apr: R433542, R738624

Witness Whereof, my hand has been set on

SEPT 6

20 18

Signature on line above

Print on line above

MICHAEL KINCAD, TR

Signature on line above

Print on line above

State of California, County of

Subscribed and sworn to (or affirmed) before me on this
day of _____, _____ by _____

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

Signature _____ (seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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 February 6, 2018 before me, T. Gunn Davis Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Michael L. Kincode

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/she/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

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

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

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 Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____