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 COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. R229032 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: Oregon Trust-Agency Lake ADDRESS: P.O.Box 55974 CITY/ST/ZIP: Seattle, WA 98155 2018-002710 Klamath County, Oregon

03/13/2018 09:50:09 AM

Fee: \$47.00

SPECIAL WARRANTY DEED #57

| Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014 Does conveys and specially warrants to: | | |
|---|--|--|
| Oregon Trust - Agency Lake 12/01/2017 | | |
| Grantee, the following described real property | free of encumberances created by the Grantor, situated in: | |
| Klamath Co | ounty, Oregon | |
| Lot 9, Block 4, Tra | ct 1053, Oregon Shores | |
| MapTaxLot: R-35 | 07-006DB-03900-000 | |
| Witness Whereof, my hand has been set on | DEC 18 ,20/7 | |
| | | |
| Signature in line above | Signature on line above | |
| rint on tine above | Print on line above | |
| State of California, County of | _ by | |
| the person(s) who appeared before me. | (seal) | |
| SEE CALIFORNIA AL | L-PURPOSE AUXNOWLEDBMENT | |

SPECIAL WHEBITY PRET

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| \(\alpha\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\a\ | | |
|--|---|--|
| 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 SALRAMENTO On 18 DECEMBED 2014 before me, JED Date personally appeared MICHAEL K | VAN WA6NET, NOTARY PUBLIC, Here Insert Name and Title of the Officer | |
| | Name(s) of Signer(s) | |
| subscribed to the within instrument and acknowl | evidence to be the person(s) whose name(s) is/are- edged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), tted, 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. | |
| COMM. # 2184322 NOTARY PUBLIC • CALIFORNIA O SACRAMENTO COUNTY | Signature Signature of Notary Public | |
| Place Notary Seal Above | | |
| Though this section is optional, completing this fraudulent reattachment of this | information can deter alteration of the document or form to an unintended document. NTRUST ABENCY LAKE 12/01/2017 " | |
| Title or Type of Document: SPECIAC WAR Document Date:Signer(s) Other Than Named Above: | Number of Pages: 1 | |
| 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 — | |
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