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

ASSESSOR PARCEL NO. R288815 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: Janet M. Mackey ADDRESS: 17740 Tupper Rd CITY/ST/ZIP: Sandy, Oregon 97055 2018-007801 Klamath County, Oregon



06/29/2018 08:09: j9 AM

Fee: \$87.00

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:

Janet M. Mackey

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

Klamath County, Oregon

The SE1/4 of the SE1/4 of the SW1/4 of Section 35, T35S, R11E of the Willamette

Meridian.

MapTax Lot: R-3511-03500-02100-000

2018 Witness Whereof, my hand has been set on Signature in line above Signature on line above Print 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)

SETE CALIFORNIA ALL-PURPOSE ACKNOWLE

Special Worklat

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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 SACRE	
On 15 JUNE	2018 before me, JES VAN WAONER, NOTARY PUBLIC,
Date	Here Insert Name and Title of the Officer
personally appeared	MICHAEL KINCADE
	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) 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(iee), 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

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	PARCEL#	RZYXXI	5
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Document Date:	Number of Pages:	
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Dimited Deneral 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:	

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