

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. R113521
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: Jonathan & Amanda Carlson
ADDRESS: P.O. Box 293
CITY/ST/ZIP: Colton, Or 97017

2018-010879
Klamath County, Oregon



00228363201800108790020020

09/07/2018 09:55:30 AM

Fee: \$87.00

SPECIAL WARRANTY DEED

SALE PRICE
\$5300-

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:

Jonathan August Carlson and Amanda Marie Carlson, as tenants by the entirety

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

Klamath County, Oregon

The S1/2 of the NE1/4 of the SW1/4 in Section 21, Township 34 South,

Range 13 East, W.M. MapTaxLot: R-3413-021C0-00900-000

Witness Whereof, my hand has been set on

Aug 29

2018

Signature on 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)

*Please see attached
CA Acknowledgment
form. (Hw)

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 8-29-18 before me, Haley Van Wagner, 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/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 Haley Van Wagner
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: Special Warranty Deed

Document Date: none Number of Pages: 1

Signer(s) Other Than Named Above: none

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: _____