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. R281108 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: Ismet & Benjamin Dzananovic ADDRESS: 1506 NW 113th St CITY/ST/ZIP: Vancouver, WA 98685 2018-011408 Klamath County, Oregon



09/20/2018 10:09:16 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:

Ismet Dzananovic and Benjamin Dzananovic

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

Klamath County, Oregon

Lot 4, Block 39, Oregon Pines

MapTax Lot: R-3511-014A0-06700-000

G 20 Witness Whereof, my hand has been set on Signature on line above Signature in line abo Print on line above Print on line above VI State of California, County of Subscribed and sworn to (or affirmed) before me on this day of proved to me on the basis of satisfactory evidence to b the person(s) who appeared before me Signature

CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 <u>California</u>	}
County of <u>Sacramento</u>	_ }
On <u>9-/3-18</u> before me, $\frac{1}{2}$	taley Van Wayner, Notary Public
personally appeared <u>MIChall</u>	<u>fincace</u> ,
	factory evidence to be the person(s) whose instrument and acknowledged to me that
	er/their authorized capacity(jes), and that by nent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	Y under the laws of the State of California that rrect
	HALEY VAN WAGNER
WITNESS my hand and official seal.	COMM. # 2150037 NOTARY PUBLIC • CALIFORNIA SACRAMENTO COUNTY
dollar an	ζ Comm. Expires APRIL 22, 2020 ξ
FARTH MAN	
Notary Public Signature (N	otary Public Seal)
	INSTRUCTIONS FOR COMPLETING THIS FORM
	INSTRUCTIONS FOR COMPLETING THIS FORM ION This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long
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ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT Special With Deca (Title or description of attached document) (Title or description of attached document continued) Number of Pages Document Date Mark CAPACITY CLAIMED BY THE SIGNER Individual (s)	 INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they-is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
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ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT Special WWWWWWWWWWW (Title or description of attached document) (Title or description of attached document continued) Number of Pages Document Date MAW CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s)	 INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law. State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they is /are) or circling the correct forms. Failure to correctly indicate this information must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.
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