THIS INSTRUMENT WILL NOT ALLOW USB 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 HER TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. R282606

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: All Finance LLC ADDRESS: 20272 Valley Blvd

CITY/ST/ZIP: Tehachapi, CA 93561

2018-011850

Klamath County, Oregon

00229504201800118500020028

09/28/2018 09:34:49 AM

Fee: \$87.00

SPECIAL WARRANTY DEED A 145. -

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:

All Finance LLC

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

Klamath County, Oregon

Lot 20, Block 19, Oregon Pines
MapTax Lot: R-3511-014C0-03500-000
Witness Whereof, my hand has been set on SETT 24, 20 18
Signature in line above Signature on line above
WHAT PARTETE
Print on line above Print on line above
please se attached document
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** 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 alifornia	}
County of Sacramento	. }
On extender 24 before me,	(Here insert name and title of the officer)
	factory evidence to be the person(s) whose
neshe/they executed the same in his/	instrument and acknowledged to me that  ph/the/r authorized capacity(ie/s), and that by
his/her/their signature(s) on the instrumental which the person(s) acted, executed the history is the history of the history o	nent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJURY	/ under the laws of the State of California that
the foregoing paragraph is true and co	
WITNESS my hand and official seal.	T. GUNN DAVIS COMM. # 2110157 NOTARY PUBLIC • CALIFORNIA O SACRAMENTO COUNTY Comm Expires MAY 4, 2019
Notary Public Signature (N	3
Notary Fubilic Signature (iv	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM  This form complies with current California statutes regarding notary wording and,
DESCRIPTION OF THE ATTACHED DOCUMENT	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.
(Title or description of attached document)	State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>
Number of Pages Document Date	<ul> <li>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).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of</li> </ul>
	notarization.
CAPACITY CLAIMED BY THE SIGNER  ☐ Individual (s)	<ul> <li>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.</li> </ul>
☐ Corporate Officer	The notary seal impression must be clear and photographically reproducible.  Impression must not cover text or lines. If seal impression smudges, re-seal if a
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.  • Signature of the notary public must match the signature on file with the office of
☐ Partner(s)☐ Attorney-in-Fact	the county clerk.  Additional information is not required but could help to ensure this
☐ Trustee(s)	acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.

Indicate the capacity claimed by the signer. If the claimed capacity is a

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

• Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800-873-9865

Other