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 THE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. R288735

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

Signature .

ADDRESS: 20272 Valley Blvd CITY/ST/ZIP: Tehachapi, CA 93561 2018-011852

Klamath County, Oregon



09/28/2018 09:38:27 AM

Fee: \$87.00

SPECIAL WARRANTY DEED \$ 10,000-

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose 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 The NW 1/4 of the SW 1/4 of Section 35, T35S, R11E, W.M., Reserving 15 ft. along the southern boundary for road easement. MapTax Lot: R-3511-03500-01200-000 Witness Whereof, my hand has been set on Signature on line above Signature in line above Print on line above Print on line above doc 9/24/18 State of Confornia, County of Subscribed and sworn to (or affirmed) before me on this proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

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 slifornia	}
County of Sacramento	. }
Qn estember 24 20 before me,	(Here insert name and title of the officer)
name(s)(is)are subscribed to the within ne/she/they executed the same in his/h	factory evidence to be the person(s) whose instrument and acknowledged to me that ser/their authorized capacity(jes), and that by the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal.	T. GUNN DAVIS COMM. # 2110157 NOTARY PUBLIC • CALIFORNIA 60 SACRAMENTO COUNTY Comm. Expires MAY 4, 2019
Notary Public Signature (No	otary Public Seal)
ADDITIONAL OPTIONAL INCODMATI	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	ON 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.
(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)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 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
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer	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. • 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) □ Partner(s) □ Attorney-in-Fact □ Trustee(s)	 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. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
Othor '	♣ 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