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

ASSESSOR PARCEL NO. R341044 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: Yvan O. Minino P.

Signature _

ADDRESS: 10294 NW 9 ST CR apt. 103

CITY/ST/ZIP: Miami, FL 22172

2018-012200

Klamath County, Oregon



10/04/2018 03:25:00 PM

Fee: \$87.00

SPECIAL WARRANTY DEED 9/756-

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: Yvan O. Minino P. Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon Lot 6, Block 56 of Fifth Addition to Nimrod River Park MapTax Lot: R-3611-003B0-00600-000 Witness Whereof, my hand has been set on Signature in line above Signature on line above Print on line above 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 be the person(s) who appeared before me.

(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	}
	County of Sacramento	}
١	On Soptember 17 before me, _	TGun Doving A Jota of Tuble
	personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(s)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.	T. GUNN DAVIS COMM. #2110157 NOTARY PUBLIC • CALIFORNIA 6 SACRAMENTO COUNTY Comm. Expires MAY 4, 2019
_	Maria Dublis Cifeschus (No.	And Dallin Carl
	Notary Public Signature (Not	tary Public Sea l)
	INSTRUCTIONS FOR COMPLETING THIS FORM ADDITIONAL OPTIONAL INFORMATION This form complies with current California statutes regarding notary wording and.	
١.	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	Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
Ì	☐ Individual (s)	he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
	☐ 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.
	□ Partner(s)	Signature of the notary public must match the signature on file with the office of the county clerk

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).

Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.

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

Trustee(s)

Other

Attorney-in-Fact