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

ASSESSOR PARCEL NO.

NOTE: Deed prepared by Grantor below.

NAME: Michael Kincade

ADDRESS: 4720 Loch Lomond Dr CITY/ST/ZIP: Carmichael, CA 95608

WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE):

NAME: Derek & Mariah Thompson

ADDRESS: 10671 43rd St

CITY/ST/ZIP: NW New Town, ND 58763

2018-012516

Klamath County, Oregon

00230308201800125160020020

10/12/2018 10:08:14 AM

Fee: \$87.00

SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose name(s) is/are. Michael N. Kincade Does conveys and specially warrants to: **Derek and Mariah Thompson** Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon The S1/2 of the S1/2 of Government Lot 6 of Section 5, Township 37 South, MapTaxLot: R-3710-00500-00700-000 Range 10 East, W.M. 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. Signature _ (seal)

Special WARRANTY DOOD

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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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 Socramento	
On Date	Here Insert Name and Title of the Officer
personally appeared My Share	1 X rocade
	Name(s) of Signer(s)
subscribed to the within instrument and ackn	ory evidence to be the person(s) whose name(s) (s/are owledged to me that (he/she/they executed the same in he/sher/their signature(s) on the instrument 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.
T. GUNN DAVIS COMM, # 2110157 NOTARY PUBLIC • CALIFORNIA & SACRAMENTO COUNTY Comm. Expires MAY 4, 2019	WITNESS my hand and official soal. Signature Signature of Notary Public
Place Notary Seal Above	
Though this section is optional, completing t	OPTIONAL ————————————————————————————————————
Description of Attached Document Fitle or Type of Document: Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	□ Partner — □ Limited □ General□ Individual □ Attorney in Fact
☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: Signer Is Representing:	
	Jotany org • 1-800-US NOTARY (1-800-876-6827) Item #5907
IZILIA MATIANAI MATAN ARRACIATIAN • WWW MATIANAIN	

SPECIAL WARPANTY DOOR