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

ASSESSOR PARCEL NO. 280797

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: Domenic and Karen Gagliardi

ADDRESS: 1152 NE 10th street CITY/ST/ZIP: Grants Pass, Or 97526

2018-012640

Klamath County, Oregon



10/16/2018 10:56:16 AM

Fee: \$87.00

SPECIAL WARRANTY DEED

SIECIAL WARRANTI DEED 4875	
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:	
Domenic and or Karen June Gagliardi	
Grantee, the following described real property free of encumberances created by the Grantor, situated in:	
Klamath County, Oregon	
Lot 20, Block 39, Oregon Pines	
MapTaxLot: R-3511-014A0-08300-000	
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, by	
proved to me on the basis of satisfactory evidence to be	
the person(s) who appeared before me.	

SEE CALIFORNIA ALL-PURPOSE ACKNOWLE NOMENI

(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 CALIFORNIA	}
County of SACRAMENTO	_ }
On 90cT JOI8 before me,	JED VAN WAGNING NOTARY PUBLIC,
name(\$) is/are subscribed to the within he/she/they executed the same in his/h	factory evidence to be the person(s) whose instrument and acknowledged to me that ner/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf o
I certify under PENALTY OF PERJURY the foregoing paragraph is true and co	Y under the laws of the State of California tha
WITNESS my hand and official seal. Old Jan Wagner (N	JED VAN WAGNER COM. # 2184322 NOTAN: PIBLE • CALFORN SACRA INTO COUNTY Comm. Exp. WARCH 22, 2021
ADDITIONAL OPTIONAL INFORMAT	
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acka from other states may be completed for documents being sent to th as the wording does not require the California notary to violate Co
(Title or description of attached document) PARCEL # 280797 (Title or description of attached document continued)	 State and County information must be the State and County wh signer(s) personally appeared before the notary public for acknow Date of notarization must be the date that the signer(s) personall 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 to commission followed by a comma and then your title (notary pull) Print the name(s) of document signer(s) who personally appear
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title)	notarization. Indicate the correct singular or plural forms by crossing off inc he/she/they, is /are) or circling the correct forms. Failure to correinformation may lead to rejection of document recording. The notary seal impression must be clear and photographica Impression must not cover text or lines. If seal impression smu sufficient area permits, otherwise complete a different acknowled
☐ Partner(s) ☐ Attorney-in-Fact	 Signature of the notary public must match the signature on file the county clerk. Additional information is not required but could hel

www.NotaryClasses.com 800-873-9865

Trustee(s)

Other_

ING THIS FORM

egarding notary wording and, ocument. Acknowledgments ing sent to that state so long to violate California notary

- d County where the document ic for acknowledgment.
- (s) personally appeared which ompleted.
- it appears within his or her le (notary public).
- sonally appear at the time of
- ssing off incorrect forms (i.e. ailure to correctly indicate this
- hotographically reproducible. pression smudges, re-seal if a nt acknowledgment form.
- ture on file with the office of
 - Additional information is not required but could help to ensure this 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.