



10/25/2018 09:57:36 AM Fee: \$87.00

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. R287013
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: Michael Skidmore
ADDRESS: Box 52
CITY/ST/ZIP: Igo, CA 96047



08/07/2018 10:23:25 AM Fee: \$87.00

SPECIAL WARRANTY DEED *SALE PRICE \$1477-*

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 convey and specially warrants to:

Michael Skidmore AND MELANIE AUSTIN SKIDMORE *2007 REVOCABLE TRUST*

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

Klamath County, Oregon R-3511-022B0-00700-000

Oregon Pines, Block 4 Lot 3, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon

Witness Whereof, my hand has been set on July 31, 2018

[Signature]
Signature in line above Signature on line above
MICHAEL KINCAD, TR
Print 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 (C.A)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature _____ (seal) (C.A) * Please see attached (C.A) CA acknowledgement form.

*RECORDED AT THE REQUEST OF MICHAEL EUGENE SKIDMORE
TO CORRECT TRUST. PREVIOUSLY RECORDED IN BOOK 2018-009338.*

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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 7/31/18 before me, Christina Asl, Notary Public,
Date Here Insert Name and Title of the Officerpersonally appeared Michael Kincade
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/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.

Signature C. Asl
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Special Warrant DeedDocument Date: _____ C.A. Number of Pages: 1Signer(s) Other Than Named Above: None**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____