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. R259017

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: Lloyd M. Jones

ADDRESS: 1372 Meadow Crest Drive

CITY/ST/ZIP: South Lake Tahoe, CA 96150

2018-013238

Klamath County, Oregon

00231184201800132380020027

10/30/2018 11:06:55 AM

Fee: \$87.00

SPECIAL WARRANTY DEED # 7025-

Lloyd Michael Jones Grantee, the following described real property free of encumberances created by t	
Grantee, the following described real property free of encumberances created by t	
	he Grantor, situated in:
Klamath County, Oregon	
Lot 21, Block 17, Klamath Forest Estates	
. MapTaxLot: R-3510-014A0-01900-000	
Witness Whereof, my hand has been set on	,20/
all 3/ TOP	1: 1
Signature in line above	Signature on line above
Print on line above	Print on line above
ploos so attached	do cermo
State of California, County of	
Subscribed and sworn to (or affirmed) before me on this day of by	

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.

County of Jacon end	∠ e }
On Chaber 18 perore me	Here insert name and title of the officer)
personally appeared	hael Kincade
	isfactory evidence to be the person(s) whose
name (of islare subscribed to the within	in instrument and acknowledged to me that
halfball avacuted the same intil	The distribution of a consist (i.d.) and that he
tersing executed the same in his	mer/their authorized capacity(ies), and that by
Nis/ne/ringir signature/s) on the instru	ment the person(y), or the entity upon behalf of
which the person(s) acted, executed t	ine instrument.
Logratify under PENALTY OF PERJUS	RY under the laws of the State of California that
the foregoing paragraph is true and c	
the loregoing paragraph is true and c	O1100t.
	T GUNN DAVIS COMM. # 2110157
WITNESS my hand and official seal.	NOTARY PUBLIC • CALIFORNIA O
	SACRAMENTO COUNTY Comm. Expires MAY 4, 2019
	<u> </u>
Notary Public Signature	(Notary Public Seal)
<u> </u>	
ADDITIONAL OPTIONAL INFORMA	INSTRUCTIONS FOR COMPLETING THIS I TION This form complies with current California statutes regarding nota
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledge if the document of the document of the document.
DESCRIPTION OF THE ATTACHED DOCUMENT	from other states may be completed for documents being sent to tha
Some alle la contel	as the wording does not require the California notary to violate Callaw.
(Title or description of attached document)	State and County information must be the State and County when
1,000	signer(s) personally appeared before the notary public for acknowl
(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally 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 w
Number of Fages bounter bate	 commission followed by a comma and then your title (notary publ Print the name(s) of document signer(s) who personally appear
	notarization.
CAPACITY CLAIMED BY THE SIGNER	 Indicate the correct singular or plural forms by crossing off inco he/she/they, is /are) or circling the correct forms. Failure to correct
☐ Individual (s)	information may lead to rejection of document recording.
☐ Corporate Officer	 The notary seal impression must be clear and photographicall Impression must not cover text or lines. If seal impression smud
(Title)	sufficient area permits, otherwise complete a different acknowledg
☐ Partner(s)	 Signature of the notary public must match the signature on file w the county clerk.
☐ Attorney-in-Fact	Additional information is not required but could help
☐ Trustee(s)	acknowledgment is not misused or attached to a different of
Other	 Indicate title or type of attached document, number of page Indicate the capacity claimed by the signer. If the claimed

INSTRUCTIONS FOR COMPLETING THIS FORM

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

- · State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- 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 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 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.
 - 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.