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 COUN-TY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. R281233 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: Rolando E. Palma

ADDRESS: 41 SE 5th Street Apt 2007

CITY/ST/ZIP: Miami, FL 33131

2018-014048

Klamath County, Oregon



11/19/2018 12:45:55 PM

Fee: \$87.00

SPECIAL WARRANTY DEED

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: Rolando E. Palma Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon Lot 5, Block 31, Oregon Pines MapTaxLot: R-3511-014A0-05100-000 Witness Whereof, my hand has been set on Signature on line above Signature in line above, Print on line above State of California, County of Subscribed and sworn to (or affirmed) before me on this CHAN by day of proved to me on the basis of satisfactory eviden the person(s) who appeared before me.

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) }
On 11-5-18 before me,	taley lan Maciner Notary Public
personally appeared	ul fillage.
	actory evidence to be the person(s) whose
	instrument and acknowledged to me that
	er/their authorized capacity(ies), and that by
	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	e 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.	HALEY VAN WAGNER COMM # 2150037 NOTARY PUBLIC • CALFORNA SACRAMENTO COUNTY Comm. Expires APRIL 22, 2020
Notary Public Signature (No	otary Public Seał)
ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS FORM
ADDITIONAL OPTIONAL INFORMATI	UN This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments
DESCRIPTION OF THE ATTACHED DOCUMENT	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
Special Warramy	lanv.
(Title orldescription 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
Number of Pages Document Date MCML	 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).
L	 Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s)	 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.
☐ 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) □ Partner(s)	sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this
☐ Trustee(s)	acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.

www.NotaryClasses.com 800-873-9865

Other

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.