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

ASSESSOR PARCEL NO. R280724 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: Gokce Capital LLC

ADDRESS: 257 Grand Street, # 1180 CITY/ST/ZIP: Brooklyn, NY 11211

2018-014327 Klamath County, Oregon 00232509201800143270020023

11/28/2018 09:44:12 AM

SPECIAL WARRANTY DEED # 900-

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014 Does conveys and specially warrants to: Gokce Capital LLC Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon Lot 5, Block 38, Oregon Pines MapTaxLot: R-3511-014A0-01800-000 Witness Whereof, my hand has been set on Signapure in line above Signature on line above Print on line above State of California, County of 1/1/18 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)

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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.

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	}
	On Jovenber 7 before me,	Tourna Davis Notary Tublia
	personally appeared Michael	tincade,
		actory evidence to be the person(s) whose nstrument and acknowledged to me that
	he/she/they executed the same in his/he	er/their authorized capacity(jes), and that by
	her/theif signature(s) on the instrume which the person(s) acted, executed the	ent the person(s), or the entity upon behalf of
	which the person by 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 corr	rect.
	WITNESS my hand and official seal.	T. GUNN DAVIS COMM # 2110157 NOTARY PUBLIC • CALIFORNIA &
		SACRAMENTO COUNTY Comm. Expres MAY 4, 2019
_	Notary Public Signature (Not	ary Public Seal)
	(No.	
	ADDITIONAL OPTIONAL INFORMATION	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and,
	DESCRIPTION OF THE ATTACHED DOCUMENT	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
Ş	Apocial Warrouty De	as the wording does not require the California notary to violate California notary law.
	(Tjitle or description 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 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 within his or her commission followed by a comma and then your title (notary public). Print the press(2) of the comma and then your title (notary public).
		 Print the name(s) of document signer(s) who personally appear at the time of notarization.
	CAPACITY CLAIMED BY THE SIGNER	 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
l	Individual (s)	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)	 sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of
١	│ □ Partner(s) │	

the county clerk.

www.NotaryClasses.com 800-873-9865

Trustee(s)

Attorney-in-Fact