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. R359070 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: Daniel Rutledge ADDRESS: P.O.Box 343

CITY/ST/ZIP: Sprague River, OR 97639

2018-014536

Klamath County, Oregon



12/04/2018 10:44:54 AM

Fee: \$87.00

SPECIAL WARRANTY DE

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:

**Daniel Rutledge** 

Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon The SW 1/4 of the NW 1/4 of the SW 1/4 of Section 8, Township 36 South, Range 13 East., W.M. MapTax Lot: R-3613-00800-00500-000 Witness Whereof, my hand has been set on Signature on line above in line abov Print on line above State of California, County of Subscribed and sworn to (or affirmed) before me. on this proved to me on the basis of satisfactory evidence to be the person(s) who appeared before meg Signature .

## 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.

and not the faultumess, accuracy, or valuely of that document.	
State of California	. }
County of Sacrange	
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(s)are subscribed to the within instrument and acknowledged to me that	
	ner/their authorized capacity(ies), and that by
	nent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	e instrument.
I certify under PENALTY OF PERJUR	Y under the laws of the State of California that
the foregoing paragraph is true and co	rrect.
WITNESS my hand and official seal.	HALEY VAN WAGNER \$ COMM. # 2150037 NOTARY PUBLIC • CALIFORNIA Q
	SACRAMENTO COUNTY  Comm Expres APRIL 22, 2020
Hallef bullage	
Notary Public Signature (N	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	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
Special Warranty Reed	as the wording does not require the California notary to violate California notary law.
(Title of description of attached document)	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> </ul>
(Title or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>
Number of Pages Document Date_// One	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).  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).
	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> </ul>
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
☐ Corporate Officer	<ul> <li>information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(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
<ul><li>☐ Partner(s)</li><li>☐ Attorney-in-Fact</li></ul>	the county clerk.
☐ Trustee(s)	<ul> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> </ul>
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a</li> </ul>

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800-873-9865