THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. 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. (ORS 93.040 (1))

ASSESSOR PARCEL NO. 182698

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: Claire S. Sosa

ADDRESS: 434 Emerson St

CITY/ST/ZIP: Costa Mesa, CA 92627

2019-007981

Klamath County, Oregon



07/16/2019 01:29:19 PM

Fee: \$87.00

## SPECIAL WARRANTY DEED

OR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose ame(s) is/are.  Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014
oes conveys and specially warrants to:
Claire S. Sosa
rantee, the following described real property free of encumberances created by the Grantor, situated in:
Klamath County, Oregon
MapTaxLot: R-3313-03300-00500-000
N2 E2 of Lot 7, Block 10, Klamath Falls Forest Estates-Sycan Unit
Vitness Whereof, my hand has been set on
ignostate in line above  Signature on line above
Wichael WOODETZ
fint on line above Print on line above
state of California, County of

## **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.

arra riot tito ti attituinioso, alovarato,	<u> </u>	
State of PLIFORNIA	}	
County of SPCRAMENTO	) ( ) (	
personally appeared MICHAEL KINCADE 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.		
WITNESS my hand and official seal.  Notary Public Signature (No.	JED VAN WAGNER COMM. # 2184322 NOTARY PUBLIC - CALFORNIA S SACRAMENTO COUNTY Comm. Expire MARCH 22, 2021 Stary Public Seal)	
•	DISCONLICENCIA FOR COLEN PERIOD FILIS FORM	
ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS FORM  ON This form complies with surrout California statutes regarding retarn wording and	
DESCRIPTION OF THE ATTACHED DOCUMENT  SPECIAL WARRAWTY DEED	ON 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 law.	
(Title or description of attached document)  PARCEL # 182698  (Title or description of attached document continued)	<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> <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 / DOCUMENT	<ul> <li>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).</li> <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)	<ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/she/she/) is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> </ul>	
☐ Corporate Officer  (Title)	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.  Simply of the neteric public must make the simply on file with the office of	
☐ Partner(s)	<ul> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> </ul>	
☐ Attorney-in-Fact	Additional information is not required but could help to ensure this	
☐ Trustee(s)	acknowledgment is not misused or attached to a different document.	
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