

2019-008280

Klamath County, Oregon



00244119201900082800030035

07/23/2019 12:25:06 PM

Fee: \$92.00

RECORDING REQUESTED BY :
Michael Kincade, Trustee)
Michael Kincade Revocable Trust of 2014)
4720 Loch Lomond)
Carmichael, CA. 95608)

SEND FUTURE TAX STATEMENTS TO:
AND WHEN RECORDED MAIL TO:
KENT TAYLOR)
5402 Bull Run Circle)
Austin, Texas 78727)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.306 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.306 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

GRANT DEED

Michael Kincade, Trustee of the Michael Kincade Revocable Trust of 2014, with an address of 4720 Loch Lomond Dr. , Carmichael, CA. 95608 , as Grantor for the consideration of Forty Five Thousand Dollars (\$45,000.00) , hereby conveys, grants and deeds to, Kent Taylor, a single person, as Grantee, an undivided Fifty Percent (50%) interest in the real property locally known as, and furthermore described as:

Apn# R147861


Map# R-2407-02000-00300-000

The Northwest Quarter of the Northwest Quarter, Southwest Quarter of the Northwest Quarter and the Northeast Quarter of the Northwest Quarter of Section 20, Township 24 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon.

EXCEPTING THEREFROM THE FOLLOWING:

Beginning at a point 600 feet west of the Quarter corner between Section 17 and Section 20; thence South 110 feet; thence West 396 feet; thence North 110 feet; thence East 396 feet to the point of beginning, being in the Northeast Quarter of the Northwest Quarter of Section 20 in Township 24 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon.

On this 18 day of July 2019, in the County of KLAMATH, State of OREGON
I/we herewith sign this Grant Deed.


Michael Kincaid, Trustee

State of _____)

) SS

County of _____)

On this the _____ day of _____, 2019, before me, the undersigned, a notary public in and for said County and State, personally appeared Michael Kincade, personally known to me (or 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), on behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

Please see attached document for correct CA Notary. CM

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 California }

County of Sacramento }

On July 18, 2019 before me, C. Marks, Notary Public
(Here insert name and title of the officer)

personally appeared Michael Kincaid,
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.

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.

C. Marks

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Grant Deed

(Title or description of attached document)

APN # R147861

(Title or description of attached document continued)

Number of Pages 2 Document Date 7/18/19

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

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 law.

- 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.