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. R808530 NOTE: Deed prepared by Grantor below. NAME: Michael Kincade, Tr ADDRESS: 4720 Loch Lomond Dr CTTY/ST/ZIP: Carmichael, CA 95608

WHEN RECORDED MAIL TO (GRANTEE): MAIL TAX STATEMENTS TO (GRANTEE):

NAME: Victor A. Garcia ADDRESS: 565 11th Street

CITY/ST/ZIP: Richmond, CA 94801

2019-012950 Klamath County, Oregon

00249782201900129500020025

11/05/2019 10:07:18 AM

Fee: \$87.00

SALE PRKE \$3113

## 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:

Victor A. Garcia

Grantee, the following described real property free of encumberances created by the Grantor, situated in:

Klamath County, Oregon MapTaxLot R- 3512-01300-03800-000

Description of real property: The West 1/2 of the NW 1/4 of the SE 1/4 of the SE 1/4 of Section 13, Township 35, Range 12 East of the Willamette Meridian. Subject to: A non-exclusive easement for the purpose of ingress and egress over the Southern 30 feet.

30,20/9
Signature on line above
Print on line above
NONLEDOMENT.

## CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

acknowledgment is not misused or attached to a different document.

Indicate title or type of attached document, number of pages and date.

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

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

Indicate the capacity claimed by the signer. If the claimed capacity is a

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 truthtulness, accuracy, or v	/alidity of that document.
State of <u>CALIFORNIA</u>	}
County of SACRAMENTO	_ }
On <u>30 Oct 3019</u> before me,	TED LAN WAGNER NOTARY PUBLIC
140	(Here insert name and title of the officer)
personally appeared ////CHAEL who proved to me on the basis of satisf	factory evidence to be the person(s) whose
	instrument and acknowledged to me that
	er/their authorized capacity(ies), and that by
his/h <del>er/their</del> signature(s) on the instrum which the person(s) acted, executed the	ent the person(\$), or the entity upon behalf of
which the person(s) acted, executed the	s instrumert.
Legrify under PENALTY OF PERJURY	under the laws of the State of California that
the foregoing paragraph is true and cor	
	~ \$~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
WITNESS my hand and official seal.	JED VAN WAGNER \$ COMM. # 2184322 NOTARY PUBLIC • CALFORNA ©
7.01/2 / 1 /2 mm	SACRAMENTO COUNTY Comm. Expires MARCH 22, 2021
Notary Public Signature (No.	otary Public Seal)
	INSTRUCTIONS FOR COMPLETING THIS FORM
ADDITIONAL OPTIONAL INFORMAT	ION 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 DEED	as the wording does not require the California notary to violate California notary law.
(Title or 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 12016	<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> </ul>
	<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	<ul> <li>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</li> </ul>
☐ Individual (s)☐ Corporate Officer	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.
(Title) □ Partner(s)	Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact	Additional information is not required but could help to ensure this

www.NotaryClasses.com 800-873-9865

Trustee(s)

Other