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

ASSESSOR PARCEL NO. R328194 NOTE: Deed prepared by Grantor below.

NAME: Mike Kincade

ADDRESS: 4720 Loch Lomond Dr CITY/ST/ZIP: Carmichael, CA 95608

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

NAME: Garen Kessel

ADDRESS: 226 Wabash Ave CITY/ST/ZIP: Eureka, CA 95501 2020-007036

Klamath County, Oregon



06/08/2020 12:56:07 PM

Fee: \$87.00

SPECIAL WARRANTY DEED 7

name(s) is/are.	Mike kincade		
Does conveys and specially warrants			
Bocs conveys and speciming warrant	Garen Kessel		r
Grantee, the following described real	roperty free of en	rumberances create	d by the Grantor, situated in:
			
Kla	math County, (Oregon	
Nimrod River P	ark 4th Addition	, Block 31, Lot 4	3
. R-3	610-011 A 0-05		
Witness Whereof, my hand has been s	et on	-31001	= 3,20 70
	7		
Signature in the above	ADE		Signature on line above
Print on line above			Print on line above
State of California, County of			
Subscribed and sworn to (or affirmed		š	
day of,	by		
proved to me on the basis of satisfa	tory evidence to	ne	
the person(s) who appeared before m			,
* SEE CA NOTARY MITH	TCHOMEOUT		
MG 41312	30		

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 trainances, accordey, or	randity of that accuments.
State of CANTORNIA	}
County of SNCERMENTO	}
On <u>5006 3, 2020</u> before me, <u>v</u>	MAZIKA SCOTEE - NOTARY DRIC (Here insert name and title of the officer)
name(s) is/are subscribed to the within he/she/the/y executed the same in his/h	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal. Notary Public Signature (No.	MARLIKA GOREE COMM # 2289176 NOTARY PUBLIC **CALIFORNIA CO SACRAMENTO COUNTY Commin. Exp. NOV. 22, 2022 Ottary Public Seal)
	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	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
(Title 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.
Tazcel # · 2328/94 (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 name(s) of document signer(s) who personally appear at the time of notarization.
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 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 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.

www.NotaryClasses.com 800-873-9865

Trustee(s)

Other

Attorney-in-Fact

corporate officer, indicate the title (i.e. CEO, CFO, Secretary). · Securely attach this document to the signed document with a staple.

Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.

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

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