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

ASSESSOR PARCEL NO. 286997 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: Andrew Dawson ADDRESS: 1963 Emest Way CITY/ST/ZIP: Arcata. CA 95521 2020-010653 Klamath County, Oregon



08/25/2020 12:28:04 PM

Fee: \$87.00

## 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:

Andrew Dawson

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

Klamath County, Oregon

Oregon Pines, Block 4, Lot 1

MapTaxLot#: 3511-022B0-00900-000

9 17,20 Ze Witness Whereof, my hand has been set on fine abo Signature on line above Print on line above

State of California, County of \_\_\_\_\_\_\_ Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_ by

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_ (seal) \* please see attached for California Notary-An

## **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 ( a/1torn/d County of Sallamento-

On <u>August 12,2020</u> before me, <u>A. Mavanne</u> personally appeared <u>Michael Kincade</u> who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(spare subscribed to the within instrument and acknowledged to me that The she they executed the same in fisther/their authorized capacity(ies), and that by This/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.

Notary Public Signature

www.NotaryClasses.com 800-873-9865

(Notary Public Seal)

| ADDITIONAL OPTIONAL INFORMATIO                        |
|---|
| DESCRIPTION OF THE ATTACHED DOCUMENT                  |
| Special Warranty                                      |
| (Title or description of attached document)           |
| deed  |
| (Title or description of attached document continued) |
| Number of Pages Document Date 8/12/2020               |
|   |
|   |
| CAPACITY CLAIMED BY THE SIGNER                        |
|   |
| Corporate Officer                                     |
| (Title)   |
| □ Partner(s)  |
|   |
| Attorney-in-Fact                                      |
|   |
| □ Other   |
| L   |

INSTRUCTIONS FOR COMPLETING THIS FORM

 ${\sf N}$  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 Inv

- 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 ٠ 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 ٠ corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.