THIS INSTRUMENT WILL NOT ALLOW USB 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 COUN-TY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. R176696 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: Michael Sullivan & Ryker Rush ADDRESS: 822 NE Center Street CITY/ST/ZIP: Sheridan, Oregon

the person(s) who appeared before me.

Signature \_

2020-015758

Klamath County, Oregon

12/03/2020 01:05:57 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: Michael Sullivan and Ryker Rush Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon N1/2 of the W1/2 of Lot 15, Block 6 Klamath Falls Forest Estates Sycan Unit MapTax Lot: R-3313-02200-00500-000 APN#: 176696 Witness Whereof, my hand has been set on 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 \_ proved to me on the basis of satisfactory evidence to be

SEE CALIFORNIA ALL-PURPOSC ACKNOWLESSMENT.

## **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 SALRAMENTO	}
On <u>30 NOV 2020</u> before mec	JED VAN WA GAVER ANOTARY PUBLIC  (Here Insert name and title of the officer)
personally appeared/\/\/\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	KINCADE
	actory evidence to be the person(s) whose
he/she/they executed the same in his/h	instrument and acknowledged to me that e <del>r/their</del> authorized capacity(i <del>es)</del> , and that by
his/h <del>er/their s</del> ignature( <b>s//</b> on the instrum	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	e instrument. /
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	under the laws of the State of California that
the foregoing paragraph is true and cor	rect.
WITNESS my hand and official seal.	JED VAN WAGNER \$ COMM. # 2184322
	NOTARY PUBLIC • CALIFORNIA O SACRAMENTO COUNTY
Jedlan lagn	
Notary Public Signature (No	otary Public Seal)
ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS FORM  ON 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 WARRAINTY DEED	as the wording does not require the California notary to violate California notary
(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</li> </ul>
1 1 1	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
Number of Pages Document Date X	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
CAPACITY CLAIMED BY THE SIGNER	notarization.     Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individuat (s)	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	<ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>
(Title)	sufficient area permits, otherwise complete a different acknowledgment form.  • Signature of the notary public must match the signature on file with the office of
☐ Partner(s) ☐ Attorney-in-Fact	the county clerk.  Additional information is not required but could help to ensure this
☐ Trustee(s)	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

www.NotaryClasses.com 800-873-9865

Trustee(s)

Other