

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))

2020-016305

Klamath County, Oregon



00270716202000163050030039

12/15/2020 09:58:14 AM

Fee: \$92.00

ASSESSOR PARCEL NO. 896807 + 896808  
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: DL INVESTORS 1 LLC  
ADDRESS: 166 W. WASHINGTON ST.  
CITY/ST/ZIP: CHICAGO, IL 60602 <sup>SE 730</sup>

## GRANT DEED

SALE PRICE  
\$12,500-

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 convey and specially warrants to:

DL INVESTORS 1 LLC, A DELAWARE LIMITED LIABILITY COMPANY  
Grantee, the following described real property free of encumbrances created by the Grantor, situated in:

KLAMATH COUNTY, OREGON

"SEE ATTACHED LEGAL DESCRIPTION"

Witness Whereof, my hand has been set on

DEC 7, 2020

Signature in line above

Signature on line above

Print 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 California

County of Sacramento

On December 7<sup>th</sup> 2020 before me, A. Navarro, Notary public,  
(Here insert name and title of the officer)

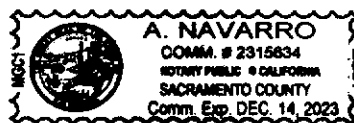
personally appeared Michael Kincaid,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) is/are subscribed to the within instrument and acknowledged to me that  
~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by  
~~his/her/their~~ 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.

A. Navarro  
Notary Public Signature

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Grant Deed  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 12/7/2020

### 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.

## LEGAL DESCRIPTION

**Description of real property:** Parcel 1: A parcel of land located in Township 35, Range 11, Section 23, SE1/4 NE1/4, starting at the SW1/4 corner of the SE1/4 NE1/4, go North 208.70 feet; thence East 208.70 feet to the point of beginning; thence East 104.35 feet; thence South 208.70 feet; thence West 104.35 feet; thence North 208.70 feet to the point of beginning. Parcel 2: A parcel of land located in Township 35, Range 11, Section 23, SE1/4 NE1/4, starting at the SW1/4 corner of the SE1/4 NE1/4, go North 208.70 feet; thence East 313.05 feet to the point of beginning; thence East 104.35 feet; thence South 208.70 feet; thence West 104.35 feet; thence North 208.70 feet to the point of beginning.

**APN:** 896807, 896808

**MapTaxLot:** 3511-02300-02002 and 02003-000