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 COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. 463670 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: PW Real Estate Ventures, LLC
ADDRESS: 166 W Washington St., Ste 730

CITY/ST/ZIP: Chicago, IL 60602

2021-000109

Klamath County, Oregon

00271743202100001090020020

01/05/2021 12:00:37 PM

Fee: \$87.00

SPECIAL WARRANTY DEED #6,000 -

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:

PW Real Estate Ventures LLC, A Delaware Limited Liability Company

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

Klamath County, Oregon

Klamath Falls Forest Estates Hwy 66 Plat #2, Block 44, Lot3

 MapTaxLot: 3811-009C0-06200-000 APN: 463670 Witness Whereof, my hand bay been set on	<u> 20,20</u>
Signeture 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 Places See	attachad
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature Signature	attaiched culedgment n (thu)

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 truthlulness, accuracy, or v	/ailuity of that document.
State of California	}
County of Salvamumb	. }
On $\frac{12/30/2020}{12/30/2020}$ before me, $\frac{1}{12}$	toly Jan Magner, botany Public (Here insert name and title of the officer)
personally appeared	el Fineage.
	actory evidence to be the person(s) whose instrument and acknowledged to me that
helshe/thev executed the same in his/h	er/their authorized capacity(igs), and that by
	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	e instrument.
I certify under PENALTY OF PERJURY	under the laws of the State of California that
the foregoing paragraph is true and cor	rect.
	COMM. # 2338047 E
WITNESS my hand and official seal.	SACRAMENTO COUNTY Comm. Day, DEC. 9, 2004
Notary Public Signature (No	otary Public Seal)
• <u>(</u>	INSTRUCTIONS FOR COMPLETING THIS FORM
ADDITIONAL OPTIONAL INFORMAT	ON This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments
DESCRIPTION OF THE ATTACHED DOCUMENT	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
Special Warranty	law.
(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.
(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	• Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individual (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	 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
(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.
Trustee(s)	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
Other	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.

www.NotaryClasses.com 800-873-9865