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

ASSESSOR PARCEL NO. R394399 NOTE: Deed prepared by Grantor below.

NAME: Michael Kincade, TR ADDRESS: 4720 Loch Lomond Dr CTTY/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., Suite 730

CITY/ST/ZIP: Chicago, IL 60602

2021-000287

Klamath County, Oregon

0027404420240000287002024

01/08/2021 12:57:23 PM

Fee: \$87.00

SPECIAL WARRANTY DEED

	pecially warrants to:		
PW Real Estate Ventures LLC, A Delaware Limited Liability Company			
Grantee, the following	ng described real property free o	f encumberances created by the Grantor, situated in:	
	Klamath County	, Oregon	
Lot 36, Block 93	s, Klamath Falls Forest Esta	tes Hwy 66 Unit, Plat #4	
APN#394399	MapTax Lot: R-3711-026		
Witness Whereof, m	y hand has been set on	JAN 5,2021	
n st	1 TR.	·	
Signature to line abo	46/ // 1/2/36)	Signature on line above	
Print on line above		Print on line above	
State of California,	County of		
Subscribed and swo	n to (or affirmed) before me on by		
	e basis of satisfactory evidence ppeared before me.	to be	

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 (ALIFORNIU)	}		
County of SACRAMENTO	}		
On 5-JAN 21 before me.	It I JAN JAKALK' NOTAKY ABLIC,		
personally appeared MICHAEL	KINCHDE .		
name(s) is/are subscribed to the within he/she/they executed the same in his/h	factory 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 e instrument.		
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	f under the laws of the State of California that crect.		
WITNESS my hand and official seal.	JED VAN WAGNER COMM. # 2184322 NOTARY PUBLIC • CALIFORNIA Q SACRAMENTO COUNTY		
Notary Public Signature (No	Comm. Expires MARCH 22, 2021 tary Public Seal)		
	DISTRICTIONS FOR GOVERN FEBRUARY FORM		
INSTRUCTIONS FOR COMPLETING THIS FORM ADDITIONAL OPTIONAL INFORMATION 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 as the wording does not require the California notary to violate California notary		
SUCCIAL WARRANTY DEED	law.		
(Title or description of attached document) (Title or description of attached document continued)	 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		
Number of Pages Document Date	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.		
☐ 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.		
☐ Partner(s)	 Signature of the notary public must match the signature on file with the office of the county clerk. 		
☐ Attorney-in-Fact	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.		

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

Other