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))

ASSESSOR PARCEL NO. R176730 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: Jose Treto

ADDRESS: 1274 W. Vodden St

CITY/ST/ZIP: Bloomington, CA 92316

2021-002807

Klamath County, Oregon



02/25/2021 12:38:01 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:

Jose Treto

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

Klamath County, Oregon

Lot 17A Block 6, Klamth Falls Forest Estates Sycan Unit., 8.25 Acres

APN# 176730 MapTaxLot: R-3313-02200-0	00900-000
Witness Whereof, my hand has been set on	Fe = 23 20 Cg/
AD TR.	
Signature in fine above	Signature on line above
Print on line above	Print on line above
State of California, County of Subscribed and sworm in (or affirmed) before me on this day of the person(s) who appeared before me (seal)	Please see attached document for correct CA Notary (m)

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.
5	State of Call forma }
,	County of <u>Savamen 10</u> }
(on Feb. 23, 2021 before me, C. May KS, Notary Ribuc
r	personally appeared Michael Kincade
	who proved to me on the basis of satisfactory evidence to be the person(s) whose
	ame(s) is/are subscribed to the within instrument and acknowledged to me that
	e/she/they executed the same in his/her/their authorized capacity(ies), and that by
	is her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
•	
ſ	certify under PENALTY OF PERJURY under the laws of the State of California that
	he foregoing paragraph is true and correct.
	C. MARKS COMM.# 2230641
1	WITNESS my hand and official seal.
	Comm Expires FEB 8, 2022
Ī	lotary Public Signature (Notary Public Seal)
*	INSTRUCTIONS FOR COMPLETING THIS FORM
_	DDITIONAL OPTIONAL INFORMATION This form complies with current California statutes regarding notary wording an
D	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.
(T	• Date of notarization must be the date that the signer(s) personally appeared white or description of attached document continued) • Date of notarization must be the date that the signer(s) personally appeared white must also be the same date the acknowledgment is completed.
N	• The notary public must print his or her name as it appears within his or hornward then your title (notary public).
	Print the name(s) of document signer(s) who personally appear at the time notarization.
	• Indicate the correct singular or plural forms by crossing off incorrect forms (in he/she/they, is /are) or circling the correct forms. Failure to correctly indicate the
	 ☐ Individual (s) ☐ Corporate Officer 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 sufficient area permits, otherwise complete a different acknowledgment form.
	(1100)

the county clerk.

www.NotaryClasses.com 800-873-9865

Trustee(s)

Attorney-in-Fact

☐ Partner(s)

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

Signature of the notary public must match the signature on file with the office of

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

acknowledgment is not misused or attached to a different document.

Additional information is not required but could help to ensure this

Securely attach this document to the signed document with a staple.