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

ASSESSOR PARCEL NO. R329442 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: Wayne Williams

ADDRESS: 8715 Kallison Arbor CITY/ST/ZIP: San Antonio, Tx 78254 2021-009935

Klamath County, Oregon

00282689202100099350020022

06/25/2021 10:55:43 AM

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:

Wayne Williams

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

Klamath County, Oregon

Nimrod River Park 4th Addition, Block 27, Lot 41, APN: R329442

/	/
State of California, County of	\sim

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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.

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 June 15, 2021 before me, C. Marks, Wotary Public		
personally appeared, 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/he/their authorized capacity(ies), and that by his/he/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. WITNESS my hand and official seal. C. MARKS C. COMM # 2230641 NOTARY PUBLIC • CALIFORNIA 60 SACRAMENTO COUNTY Comm Expires FEB 8, 2022		
Notary Public Signature (Notary Public Seal)		
ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT Title of description of attached document) Title or description of attached document continued) Number of Pages Document Date 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 onotarization.		
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other ☐ Individual (s) ☐ Corporate Officer ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other ☐ Other		

Other