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 FEB TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED VIGES

ASSESSOR PARCEL NO. R287120 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: Andrew Reinke

ADDRESS: 19404 N. E. 22nd Ave CITY/ST/ZIP: Vancouver, WA 98684

2021-010777

Klamath County, Oregon



07/12/2021 01:22:20 PM

Fee: \$87.00

SPECIAL WARRANTY DEED

Michael Kind Does conveys and spec	cade Trustee of the Michael Kincade Revocable Trust of 2014
Mes conveys and spec	Andrew Reinke
Grantee, the following	described real property free of encumberances created by the Grantor, situated in:
	Klamath County, Oregon
NW1/4 NE1/4 NW	/1/4 NE1/4 of Sec 23, Township 35 South, Range 11 E.W.M.,
APN# 287120 M	MapTaxLot#: R-3511-02300-00500-000
Witness Whereof, my	and has been set on
proved to me on the the person(s) who app	basis of satisfactory evidence to be before me.

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.

County of SACRAMENTO	}
On <u>07-07-2021</u> before me, J	EN VAIN WAGNER WOTARY PUBLIC.
name(s) is/are subscribed to the within in he/she/they executed the same in his/he	r/their authorized capacity(ies), and that by nt the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corre	under the laws of the State of California that ect.
WITNESS my hand and official seal. Whotary Public Signature (Not	JED VAN WAGNER COMM. # 2349034 COMM. # 2349034 SACRAMENTO COUNTY COMM. EXPIRES MAR. 22, 2025
piotally Public Signature (Not	ary Public Seal)
ADDITIONAL ORTIONAL INFORMATIO	INSTRUCTIONS FOR COMPLETING THIS
ADDITIONAL OPTIONAL INFORMATIO	The form compares with Current Canjornia Mattack regarding note
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed should be completed and attached to the document. Ackn from other states may be completed for documents being sent to the
SPECIAL WARRING Y DEED (Tithe or description of attached document)	as the wording does not require the California notary to violate Callaw State and County information must be the State and County who
TARCEL # R287/20 (Title or description of attached document continued)	 signer(s) personally appeared before the notary public for acknow Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed
Number of Pages Document Date WW	The notary public must print his or her name as it appears v commission followed by a comma and then your title (notary public Print the name(s) of document signer(s) who personally appear notarization.
CAPACITY CLAIMED BY THE SIGNER	 Indicate the correct singular or plural forms by crossing off inc
☐ Individual (s)	he she they, is are) or circling the correct forms. Failure to corre information may lead to rejection of document recording
☐ Corporate Officer	The notary seal impression must be clear and photographical
/Title\	Impression must not cover text or lines. If seal impression smu- sufficient area permits, otherwise complete a different acknowled
(Title) ☐ Partner(s)	Signature of the notary public must match the signature on file visiting the signature of the notary public must match the signature on file visiting the signature of the notary public must match the signature.
☐ Attorney-in-Fact	the county clerk
Trustee(s)	 Additional information is not required but could hel acknowledgment is not misused or attached to a different
Other	 Indicate title or type of attached document, number of pa Indicate the capacity claimed by the signer. If the clair
	corporate officer, indicate the title (i.e. CFO, CFO, Secre
2015 Version www. Virtary hasses com 8/1 (2) 14865	 Securely attach this document to the signed document with a star

State of (ALIFORNIA

JED VAN WAC	NER
OMM. # 234	9034
O NOTARY PUBLIC - CAL	IFORNIA
SACRAMENTO COMM. EXPIRES MAR.	OUNTY!
COMM. EXPIRES MAR.	रर राह्य

INSTRUCTIONS FOR COMPLETING THIS FORM

N 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

- 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. CFO, CFO, Secretary)
- · Securely attach this document to the signed document with a staple