

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. R112586  
NOTE: Deed prepared by Grantor below.  
NAME: Michael Kincade  
ADDRESS: 4720 Loch Lomond Dr  
CITY/ST/ZIP: Carmichael, CA 95608

WHEN RECORDED MAIL TO (GRANTEE):  
MAIL TAX STATEMENTS TO (GRANTEE):  
NAME: Tracy H. Gneiting  
ADDRESS: 147 Spruce St  
CITY/ST/ZIP: Shelly, ID 83274

2021-013998  
Klamath County, Oregon



00287398202100139980020025

09/15/2021 01:15:17 PM

Fee: \$87.00

## SPECIAL WARRANTY DEED

*SALE PRICE  
\$9,000-*

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 convey and specially warrants to:

Tracy H. Gneiting

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

Klamath County, Oregon

The S1/2 of the NE1/4 of the SE1/4 of the SW1/4 of Sec 4, Twp 37S, Rng 12 E., W.M.

Act# R112586 MAPTAXLOT: R-3712-00400-03200-00

Witness Whereof, my hand has been set on SEPT 14, 2021

[Signature]  
Signature on line above

[Signature]  
Signature on line above

Michael Kincade, TR.  
Print on line above

[Signature]  
Print on line above

State of California, County of [Signature]  
Subscribed and sworn to (or affirmed) before me on this  
day of [Signature], by

proved to me on the basis of satisfactory evidence to be  
the person(s) who appeared before me.

Signature \_\_\_\_\_ (seal)

*Please see attached  
document for correct  
CA Notary (CM)*

# 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 California )

County of Sacramento )

On Sept. 14, 2021 before me, C. Marks, Notary Public —  
(Print name and title of the officer)

personally appeared Michael Kincade —

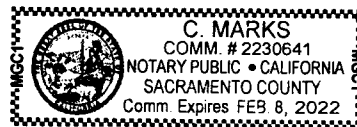
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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.

C. Marks  
Notary Public Signature

(Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Special Warranty Deed  
(Title or description of attached document)

APN: R112586  
(Title or description of attached document continued)

Number of Pages 1 Document Date \_\_\_\_\_

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

\_\_\_\_\_  
(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

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