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. Ref#177819 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: John D. Rudd Jr ADDRESS: 794 Redwood Blvd CITY/ST/ZIP: Redding, CA 96003 2021-014550

Klamath County, Oregon



Signature on line above

Print on line above

09/24/2021 11:36:27 AM

Fee: \$87.00

SPECIAL	WARRANTY	DEED	940 YC/C/
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FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, the Grantor (Seller) whose Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2014 Does conveys and specially warrants to: John D. Rudd Jr Grantee, the following described real property free of encumberances created by the Grantor, situated in: Klamath County, Oregon Klamath Falls Forest Estates Sycan Unit, Block 16, Lot 5 E2W2 . 1.95 Acres MAPTAXLOT# R-3313-02400-05200-000 Witness Whereof, my hand has been set or Signature in line above

State of California, County of Subscribed and sworn to (or affirmed) before me on this day of proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature .

*Please see attached for California Notary-An

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.

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State of California	}
County of <u>Sacramento</u>	_}
name(s) is are subscribed to the within he she/they executed the same in his/h	(Here insert name and title of the officer) ACT PUBLIC, (Here insert name and title of the officer) ACT PUBLIC NAME and the officer name and title of the officer) ACT PUBLIC NAME and the officer name and title of the officer) ACT PUBLIC NAME and the officer name and title of the officer) ACT PUBLIC NAME and the officer name and title of the officer name and title of the officer name and title of the office
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal. Notary Public Signature (No.	COMM. # 2315634 NOTARY PUBLIC * CALIFORNIA SACRAMENTO COUNTY Comm. Exp. DEC. 14, 2023 Detary Public Seal)
★	
ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING THIS
DESCRIPTION OF THE ATTACHED DOCUMENT Special Warranty	This form complies with current California statutes regarding nota if needed, should be completed and attached to the document. Acknown from other states may be completed for documents being sent to that as the wording does not require the California notary to violate California.
(Title or description of attached document) (Title or description of attached document continued)	 State and County information must be the State and County whe 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 1/23/202	 The notary public must print his or her name as it appears we commission followed by a comma and then your title (notary pub) Print the name(s) of document signer(s) who personally appear
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer	notarization. • Indicate the correct singular or plural forms by crossing off income/she/she/she/she/sep, is /are) or circling the correct forms. Failure to correct information may lead to rejection of document recording. • The notary seal impression must be clear and photographical Impression must not cover text or lines. If seal impression smud
(Title) □ Partner(s)	sufficient area permits, otherwise complete a different acknowledg • Signature of the notary public must match the signature on file w the county clerk.
☐ Attorney-in-Fact ☐ Trustee(s)	❖ Additional information is not required but could help acknowledgment is not misused or attached to a different

2015 Version www.NotaryClasses.com 800-873-9865

Other

THIS FORM

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- nty where the document acknowledgment.
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- appear at the time of
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- on file with the office of
 - ald 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.