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. R348065 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: Jason Pollock

ADDRESS: 26691 Loma Verde

CITY/ST/ZIP: Mission Viejo, CA 92691

2021-017219

Klamath County, Oregon



11/16/2021 01:14:31 PM

Fee: \$87.00

SPECIAL WARRANTY DEED #5 5000
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:

Jason Pollock

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

Klamath County, Oregon	_
Lot 25, Block 75 of Nimrod River Park, 7th Addition	1
- Act# 348065 MapTax Lot: R-3611-009A0-02600-000	7
Witness Whereof, my hand leas been set on	20 2
TD1/2	
Signstant in line above	Signature on line above
MINTAN JUNANTA	
Print of line above	Print on line above
State of California, County of Subscribed and sworn to (or affirmed) before me on this by	e attached.
State of California, County of Subscribed and sworn to (or affirmed) before me on this by proved to me on the basis of satisfactory evidence to be	e attached. for unrect
State of California, County of Subscribed and sworn to (or affirmed) before me on this by proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature (seal)	e attached for unrect ry (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.

State of California	}
county of Sacramento	
On NOV. 12th 2021 before me. C	Marks Notary Public-
, , , , , , ,	Lugard O
personally appeared Michael who proved to me on the basis of satisfa	actory evidence to be the person(\$) whose
name(s) Sale subscribed to the within in	
	r/the/r authorized capacity(ies). and that by
	ent the person () or the entity upon behalf of
which the person(s) acted, executed the	
Loodify under DENALTY OF PER IMPY	under the laws of the State of California that
the foregoing paragraph is true and corr	
the foregoing paragraph is true and con	C. MARKS
WITNESS my band and official soci	COMM. # 2230641 BOTARY PUBLIC • CALIFORNIA G
WITNESS my hand and official seal.	SACRAMENTO COUNTY Comm. Expires FEB 8, 2022
0.00 m	***************************************
Notar Public Signature (No	tary Public Seat
Notal yer tiblic Signature	tary Fubile Sean
ADDITIONAL OPTIONAL INFORMATION	ON INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	in a room, a great was the agreem California as thirteen regarding not try was fine since it needed, should be complete familiance be too the slocking in the Recorded generals.
O and a la l	to an armore states must be completed to its randoms being sent to that state so tong as the wood fing technology pare the scale to all to a garacter value (california motive).
Special warrang	Live
The Mescription of attached documents	 State and County information must be the State and County where the document signeris) personally appeared before the notary public for acknowledgment
Title or description of attached document continued	Date of notarization must be the date that the signer(s) personally appeared which
1	 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
Number of Pages Document Date NONL	 Ommission followed by a comma and then your title (notary public) Print the namero of document signers) who personally appear at the time of
1	BOLATIZATION
CAPACITY CLAIMED BY THE SIGNER	Indicate the correct singular or pland forms by crossing off incorrect forms (i.e., he she they its are) or circling the correct forms. Failure to correctly indicate this.
Individual (s)Corporate Officer	information may lead to rejection of document recording
Corporate Officer	 the notary seal impression must be clear and photographically reproducible impression must not lower text or busis. By tal impression smudges are seal if a
(Title)	utilizent are epermits otherwise complete it different acknowledgment form. Signature of the notary public must mistely the signature on file with the office of
Partner(s)	the county stock
Attorney-in-Fact Trustee(s)	 Additional information is not required but could help to ename this icknowledgment as not mission of attached to a different document.
Other	 Indicate title or type of attached document number of pages and date Indicate the capacity claimed by the signer. If the claimed capacit is a
	corporate officer and the tale are CLO CLO Secretary.
	 Secondly attach this document to the signed document with a staple