2022-008949

Klamath County, Oregon 07/21/2022 12:45:01 PM

Fee: \$92.00



After recording return to: Daniel Mozingo 5274 massart street Klamath falls, OR 97601

Until a change is requested all tax statements shall be sent to the following address: Daniel Mozingo 5274 massart street Klamath falls, OR 97601

File No.: 7161-3949754 (EV)
Date: May 20, 2022

THIS STACE RESERVED FOR RECORDERS OSE	ļ
	١
	Lane and
	١
	-
	ļ
	1
	-
	-
	000
	İ
	1

THIS SPACE RESERVED FOR RECORDER'S LISE

STATUTORY WARRANTY DEED

Michael Kincade, Trustee of the Michael Kincade Revocable Trust 2014, Grantor, conveys and warrants to **Daniel Mozingo**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LEGAL DESCRIPTION: Real property in the County of Klamath, State of Oregon, described as follows:

Lot 1, Block 2 of Fairhaven Heights, A Subdivision in Klamath County, Oregon, Recorded in Volume 6, Page 24, Plat Records. Excepting therefrom the following: Beginning at the northeast corner of Lot 2, Block 2 of said subdivision and thence northerly along the easterly line of said Lot 1 a distance of 25 feet to a point on the said easterly line; thence westerly to the northwesterly corner of said Lot 2; thence southeasterly along the northerly line of said Lot 2 to the point of beginning.

Subject to:

- 1. Taxes for the fiscal year 2022-2023 a lien due, but not yet payable.
- 2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is \$5,500.00. (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this / I day of July	, 20
The Michael Kincade Revocable Trust of 2014	

lichael Kineade, Trustee

STATE OF

County of

This instrument was acknowledged before me on this 12day of by Michael Kincade as Trustee of The Michael Kincade Revocable Trust of 2014, on behalf of the Trust.

Notary Public for Oregon

My commission expires:

COMM. # 2387660

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 <u>Successed to</u>	}
On July 15th 2022 before me,_	A- SENIOR NATURE Public. (Here inservame and title of the office)
personally appeared Michael	Viale a Le
	actory evidence to be the person(x) whose
	instrument and acknowledged to me that
ne/she/they executed the same in fish	er/their authorized capacity(jess), and that by
	ent the person(s), or the entity upon behalf of
which the person(s) acted, executed the	
,	
Legrify under PENALTY OF PERJURY	under the laws of the State of California that
the foregoing paragraph is true and cor	
and to regardly paragraph to and and con	1000.
WITNESS my hand and official seal.	A. SENIOR
With 200 my hand and official seal.	COMM. # 2387660 A
	SACRAMENTO COUNTYO
Notary Public Signature (No.	otary Public Seal)
,	saly i dolo douly
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments
1 1 1 A	from other states may be completed for documents being sent to that state so long
Statutory Warranty Deed	as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	 State and County information must be the State and County where the documen signer(s) 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
_ ' <i>i l</i>	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	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.
CAPACITY CLAIMED BY THE SIGNER	 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
☐ Individual (s)☐ Corporate Officer	information may lead to rejection of document recording.
E Corporate Cilical	 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
(Title)	sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office o
☐ Partner(s)☐ Attorney-in-Fact	the county clerk.
☐ Trustee(s)	Additional information is not required but could help to ensure this acknowledgment is not misused or 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 capacity is a
	corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
2015 Version www.NotaryClasses.com 800-873-9865	 Securely attach this document to the signed document with a staple.