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 FEETILLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

ASSESSOR PARCEL NO. 340606

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: Margarita Siniukova ADDRESS: 512 State Street, Apt# 6 CITY/ST/ZIP: Trinidad, CO 81082 2024-010142 Klamath County, Oregon

00335961202400101420020024

11/21/2024 11:51:28 AM

Fee: \$87.00

SPECIAL WARRANTY DEED #3300-

'OR VALUABLE CONSIDERATION, receipt of which is acknowledged, the ame(s) is/are.	e Grantor (Seller) whose
<u> Michael Kincade Trustee of the Michael Kincade Revocable Trust of 2</u>	2014
oes conveys and specially warrants to:	,
Margarita Siniukova	
rantee, the following described real property free of encumberances created by the	ne Grantor, situated in:
Klamath County, Oregon	
Nimrod River Park 5th Addition, Block 66, Lot 25	
APN#: 340606 MapTaxLot: R-3611-002D0-04000-000	
Vitness Whereof, my hand has been set on	,20
ignature in line above	Signature on line above
rint on line above	Print on line above
state of California, County of subscribed and sworn to (or affirmed) before me on this by aroved to me on the basis of satisfactory evidence to be	
the person(s) who appeared before me. signature (seal)	
DEE CACIFORNIA ALL-PURPOSE ACKA	wer Domen
	V V

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 (A)LIFORIVIA	}
County of SACRAMENTU	}
On 11/18/2664 before me.	LED VAN MAGNER, NOTAK, PUBLIC
name(s) is/are subscribed to the within in he/she/they executed the same in his/he	ictory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of instrument.
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr	under the laws of the State of California that ect.
WITNESS my hand and official seal.	JED VAN WAGNER COMM. # 2349034
Old Carl Jag Mer Notary Public Signature (No	SACRAMENTO COUNTYO COMM. EXPIRES MAR. 22, 2025 Tary Public Seal)
	•
ADDITIONAL OPTIONAL INFORMATI	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
\ \	from other states may be completed for documents being sent to that state so long
SPECIAL WHEREANTY 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 document
	signer(s) personally appeared before the notary public for acknowledgment. • Date of notanization must be the date that the signer(s) personally appeared which
(Title or description of attached document continued)	must also be the same date the acknowledgment is completed
Number of Pages / Document Date XXX	 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
CAPACITY CLAIMED BY THE SIGNER Individual (s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e., he she they, is /are) or circling the correct forms. I adure to correctly indicate this information may lead to rejection of document recording.
Corporate Officer	 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.
(Title) ☐ Partner(s)	Signature of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this
☐ 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

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corporate officer indicate the title (i.e. Cl-O, CFO, Secretary)

Securely attach this document to the signed document with a staple.