

DOC # 0226913

01/31/2014

01:23 PM

**Official Record**

Recording requested By  
RUTH J CIACCIA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LLH

Book- 562 Page- 0309



0226913

Recording Requested by and  
when recorded mail to:  
Ruth J. Ciaccia  
11371 Montserrat Street  
Cypress, California 90630

MAIL TAX STATEMENTS TO THE ADDRESS SET FORTH ABOVE.  
ASSESSOR PARCEL NUMBER 005-090-57

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF CALIFORNIA

}

SS

COUNTY OF ORANGE

}

Ruth J. Ciaccia, of legal age, being duly sworn, deposes and says:

That Richard Ciaccia, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Ciaccia named as the Trustee in that certain Declaration of Trust dated June 20, 2000 executed by Richard Ciaccia and Ruth Juanita Ciaccia as Trustors.

At the time of the demise of the decedent, the decedent was the record owner, as Trustee, of real property in the **County of Eureka, State of Nevada**, which property is described in a Quitclaim Deed which was signed by Richard Ciaccia and Ruth J. Ciaccia, husband and wife as joint tenants, granting to Richard Ciaccia and Ruth Juanita Ciaccia, Co-Trustees of Ciaccia Family Trust dated June 20, 2000 and recorded as Document No. 174922 in Book 335 Page 470 on July 17, 2000 of Official Records of Eureka County, Nevada, and is described as: Township 31 North, Range 49 East, M.D.B. & M. Section 31; SE 1/4

I, Ruth J. Ciaccia, am the surviving Trustee under the above referenced trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

There is no federal estate tax due as the result of the death of the decedent mentioned in Paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Ruth J. Ciaccia  
Ruth J. Ciaccia

State of California

County of Orange

Subscribed and sworn to (or affirmed) before  
me on this 28<sup>th</sup> day of January, 2014

by Ruth J. Ciaccia, who proved to me on the basis  
of satisfactory evidence to be the person who  
appeared before me.

Signature

[Signature]

# COUNTY OF ORANGE

## CLERK-RECORDER

## CERTIFICATE OF DEATH

3-200230 003724

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) RICHARD		3. LAST (FAMILY) CIACCIA	
4. DATE OF BIRTH M/M/D/C C Y Y 12/18/1925		5. AGE YRS. 76	
6. SEX M		7. DATE OF DEATH M/M/D/C C Y Y 03/13/2002	
8. HOUR 0345			
9. STATE OF BIRTH NY		10. SOCIAL AFFILIATION	
11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 12			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER CENTURY 21			
17. OCCUPATION REAL ESTATE BROKER/LOAN BROKER		18. YEARS IN OCCUPATION 45	
19. KIND OF BUSINESS REAL ESTATE			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 11371 MONTSERRAT ST.			
21. CITY CYPRESS		22. COUNTY ORANGE	
23. ZIP CODE 90630		24. YRS IN COUNTY 40	
25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP RUTH J. CIACCIA - WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 11371 MONTSERRAT ST., CYPRESS, CA 90630	
28. NAME OF SURVIVING SPOUSE—FIRST RUTH		29. MIDDLE JUANITA	
30. LAST (MAIDEN NAME) SAVAGE			
31. NAME OF FATHER—FIRST RALPH		32. MIDDLE CIACCIA	
33. LAST CIACCIA		34. BIRTH STATE NY	
35. NAME OF MOTHER—FIRST LILLIAN		36. MIDDLE SIANI	
37. LAST (MAIDEN) SIANI		38. BIRTH STATE NY	
39. DATE M/M/D/C C Y Y 03/19/2002		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630	
41. TYPE OF DISPOSITION BURIAL		42. SIGNATURE OF EMBALMER <i>Krista M. Sacher</i>	
43. LICENSE NO. 7914		44. NAME OF FUNERAL DIRECTOR FOREST LAWN MORTUARY, CYPRESS	
45. LICENSE NO. FD-1051		46. SIGNATURE OF LOCAL REGISTRAR <i>W. B. ...</i>	
47. DATE M/M/D/C C Y Y 03/18/2002		48. ...	
101. PLACE OF DEATH LOS ALAMITOS MED. CENTER		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OR <input type="checkbox"/> DDA	
103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> HOME <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY ORANGE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3751 KATELLA AVE.		106. CITY LOS ALAMITOS	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) REFRACTORY VENTRICULAR FIBRILLATION DUE TO (B) SEVERE ARTERIOSCLEROTIC CARDIOMYOPATHY DUE TO (C) ARTERIOSCLEROTIC HEART DISEASE DUE TO (D) ...		TIME INTERVAL BETWEEN ONSET AND DEATH 15 MINS. 10 YEARS 12 YEARS	
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIRTH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, RENAL INSUFFICIENCY			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. CORONARY ARTERY BYPASS GRAFT --/--/1998 IMPLANTABLE DEFIBRILLATOR 02/10/2001			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. RECENTLY ATTENDED SINCE M/M/D/C C Y Y 02/05/2001 03/13/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Alan M. Gold</i>	
116. LICENSE NO. 633821		117. DATE M/M/D/C C Y Y 03/14/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ALAN M. GOLD M.D., 3801 KATELLA AVE., LOS ALAMITOS, CA 90720			
119. HANDED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE M/M/D/C C Y Y		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/C C Y Y	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR			

007164

STATE OF CALIFORNIA  
COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS

SS.  
DATE ISSUED

JAN 17 2014

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

PNSCO (REV) 9013

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

HUGH NGUYEN  
CLERK-RECORDER  
ORANGE COUNTY, CALIFORNIA

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