

DOC # 0226914

01/31/2014

01:26 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- 0311

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

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SS

COUNTY OF ORANGE

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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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) RICHARD		2. MIDDLE -		3. LAST (FAMILY) CIACCIA	
4. DATE OF BIRTH M/M/D/CY 12/18/1925		5. AGE YRS. 76		6. SEX M	
7. DATE OF DEATH M/M/D/CY 03/13/2002		8. HOUR 0345			
9. STATE OF BIRTH NY		10. SOCIAL SECURITY NO.		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. KIND OF BUSINESS REAL ESTATE		19. YEARS IN OCCUPATION 45	
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		33. LAST CIACCIA	
34. BIRTH STATE NY		35. NAME OF MOTHER—FIRST LILLIAN		36. MIDDLE	
37. LAST (MAIDEN) SIANI		38. BIRTH STATE NY			
39. DATE M/M/D/CY 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>Christina Aragon</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>Manh B. Tran</i>	
47. DATE M/M/D/CY 03/18/2002					
101. PLACE OF DEATH LOS ALAMITOS MED. CENTER		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL	
104. COUNTY ORANGE		105. CITY LOS ALAMITOS			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3751 KATELLA AVE.		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) REFRACTORY VENTRICULAR FIBRILLATION (B) SEVERE ARTERIOSCLEROTIC CARDIOMYOPATHY (C) ARTERIOSCLEROTIC HEART DISEASE (D)			
108. TIME INTERVAL BETWEEN ONSET AND DEATH 15 MINS		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. SIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, RENAL INSUFFICIENCY					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? IF YES, LIST TYPE OF OPERATION AND DATE. CORONARY ARTERY BYPASS GRAFT --/--/1998 IMPLANTABLE DEFIBRILLATOR 02/10/2001					
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE M/M/D/CY M/M/D/CY 02/05/2001 03/13/2002		116. SIGNATURE AND TITLE OF CERTIFIER <i>Alan M. Gold</i>		117. LICENSE NO. G33821	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ALAN M. GOLD M.D., 3801 KATELLA AVE., LOS ALAMITOS, CA 90720		119. DATE M/M/D/CY 03/14/2002			
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/CY		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/CY					
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR					

007163

STATE OF CALIFORNIA  
COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS

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.

PISCO (Rev) 06/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

\*00080685C\*

HUGH NGUYEN  
CLERK-RECORDER  
ORANGE COUNTY, CALIFORNIA

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