

DOC # 0226915

01/31/2014 01:28 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- 0313

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 005-520-27

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA }
 }
COUNTY OF ORANGE } SS

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

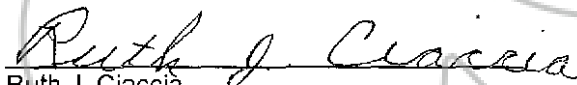
That Richard Ciaccia, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Ciaccia named as the Trustee in that certain Declaration of Trust dated June 20, 2000 executed by Richard Ciaccia and Ruth Juanita Ciaccia as Trustore.

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. 174924 in Book 335 Page 470 on July 17, 2000 of Official Records of Eureka County, Nevada, and is described as: The North half of the Southeast quarter of the Southeast Quarter of Section 19, Township 29 North, Range 49 East, M.D.B.M., as per Government Survey. Reserving therefrom an easement of 30 feet along all boundaries for ingress and egress, with power to dedicate.

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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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

State of California

County of Orange

Subscribed and sworn to (or affirmed) before
me on this 28th 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 

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

CERTIFICATE OF DEATH 3-200230 003724

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
RICHARD				CIACCIA	
4. DATE OF BIRTH M/M/DD/C.C.Y.Y.		5. AGE YRS.		6. SEX	
12/18/1929		76		M	
7. DATE OF DEATH M/M/DD/C.C.Y.Y.		8. HOUR			
03/13/2002		0345			
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
NY				MARRIED	
12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED			
MARRIED		12			
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		CENTURY 21	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
REAL ESTATE BROKER/LOAN BROKER		REAL ESTATE		45	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
11371 MONTSERRAT ST.					
21. CITY		22. COUNTY		23. ZIP CODE	
CYPRESS		ORANGE		90630	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
40		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		29. MIDDLE		30. LAST (MAIDEN NAME)	
RUTH		JUANITA		SAVAGE	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
RALPH				CIACCIA	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
NY		LILLIAN			
37. LAST (MAIDEN)		38. BIRTH STATE			
SIANI		NY			
39. DATE M/M/DD/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(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
BURIAL		<i>Christina W. ...</i>		7914	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
FOREST LAWN MORTUARY, CYPRESS		FD-1051		<i>W. B. ...</i>	
47. DATE M/M/DD/C.C.Y.Y.		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE M/M/DD/C.C.Y.Y.	
03/18/2002		<i>W. B. ...</i>		03/18/2002	
101. PLACE OF DEATH		102. IF HOSPITAL SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL	
LOS ALAMITOS MED. CENTER		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> DDV <input type="checkbox"/> HOP <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY	
3751 KATELLA AVE.				ORANGE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
3751 KATELLA AVE.		LOS ALAMITOS			
108. CITY		109. DEATH REPORTED TO CORNER		TIME INTERVAL BETWEEN ONSET AND DEATH	
LOS ALAMITOS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 MINS.	
110. BIOPSY PERFORMED		111. AUTOPSY PERFORMED		112. USED IN DETERMINING CAUSE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		115. SIGNATURE AND TITLE OF CERTIFIER	
CONGESTIVE HEART FAILURE, RENAL INSUFFICIENCY		CORONARY ARTERY BYPASS GRAFT --/--/1998 IMPLANTABLE DEFIBRILLATOR 02/10/2001		<i>Alan M. Cold</i>	
116. SIGNATURE AND TITLE OF PHYSICIAN		117. LICENSE NO.		118. DATE M/M/DD/C.C.Y.Y.	
<i>Alan M. Cold</i>		633821		03/14/2002	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		120. INJURY AT WORK		121. INJURY DATE M/M/DD/C.C.Y.Y.	
ALAN M. COLD, M.D., 3801 KATELLA AVE., LOS ALAMITOS, CA 90720		<input type="checkbox"/> YES <input type="checkbox"/> NO		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 CORNER OR DEPUTY CORNER		127. DATE M/M/DD/C.C.Y.Y.	
		<i>Hugh Nguyen</i>		128. TYPED NAME, TITLE OF CORNER OR DEPUTY CORNER	
				HUGH NGUYEN	
				CLERK-RECORDER	
				ORANGE COUNTY, CALIFORNIA	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E F G H		3730			

007165

* 000806830 *

STATE OF CALIFORNIA
 COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS
 DATE ISSUED JAN 17 2014

Hugh Nguyen
 HUGH NGUYEN
 CLERK-RECORDER
 ORANGE COUNTY, CALIFORNIA

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.



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