

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

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SS

COUNTY OF ORANGE

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

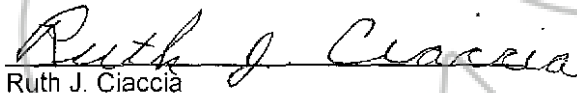
That Richard Ciaccia, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Ciaccia named as the Trustee in that certain Declaration of Trust dated June 20, 2000 executed by Richard Ciaccia and Ruth Juanita Ciaccia as Truators.

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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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

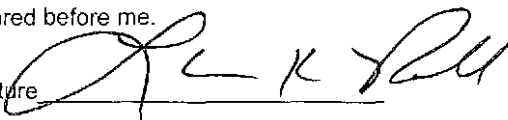
State of California

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		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
RICHARD				CIACCIA	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX	
12/18/1925		76		M	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR		9. MINUTE	
03/13/2002		0345			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
NY		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
12		WHITE		CENTURY 21	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
REAL ESTATE BROKER/LOAN BROKER		REAL ESTATE		45	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
11371 MONTSERRAT ST.					
20. CITY		21. COUNTY		22. ZIP CODE	
CYPRESS		ORANGE		90630	
23. YEAR IN COUNTY		24. STATE OR FOREIGN COUNTRY			
40		CA			
25. NAME, RELATIONSHIP					
RUTH J. CIACCIA - WIFE					
26. NAME OF SURVIVING SPOUSE—FIRST		27. MIDDLE		28. LAST (MAIDEN NAME)	
RUTH		JUANITA		SAVAGE	
29. NAME OF FATHER—FIRST		30. MIDDLE		31. LAST	
RALPH				CIACCIA	
32. NAME OF MOTHER—FIRST		33. MIDDLE		34. LAST (MAIDEN)	
LILLIAN				SINN	
35. DATE M/M/DD/CCYY		36. PLACE OF FINAL DISPOSITION			
03/19/2002		FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630			
37. TYPE OF DISPOSITION(S)		38. SIGNATURE OF EMBALMER		39. LICENSE NO.	
BURIAL		<i>Christina A. ...</i>		7914	
40. NAME OF FUNERAL DIRECTOR		41. SIGNATURE OF LOCAL REGISTRAR		42. DATE M/M/DD/CCYY	
FOREST LAWN MORTUARY, CYPRESS		<i>W. B. ...</i>		03/18/2002	
43. PLACE OF DEATH		44. IF HOSPITAL SPECIFY ONE		45. FACILITY OTHER THAN HOSPITAL	
LOS ALAMITOS MED. CENTER		<input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> DDV <input type="checkbox"/> HOB <input type="checkbox"/> HCB <input type="checkbox"/> OTHER		ORANGE	
46. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		47. CITY		48. COUNTY	
3751 KATELLA AVE.		LOS ALAMITOS		ORANGE	
49. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		50. TIME INTERVAL BETWEEN ONSET AND DEATH		51. DEATH REPORTED TO CORONER	
(A) REFRACTORY VENTRICULAR FIBRILLATION		15 MINS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) SEVERE ARTERIOSCLEROTIC CARDIOMYOPATHY		10 YEARS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) ARTERIOSCLEROTIC HEART DISEASE		12 YEARS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 50					
CONGESTIVE HEART FAILURE, RENAL INSUFFICIENCY					
53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50? IF YES, LIST TYPE OF OPERATION AND DATE.					
CORONARY ARTERY BYPASS GRAFT --/--/1998 IMPLANTABLE DEFIBRILLATOR 02/10/2001					
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		55. SIGNATURE AND TITLE OF CERTIFIER		56. LICENSE NO.	
02/05/2001 03/13/2002		<i>Alan M. Cold</i>		633821	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		58. DATE M/M/DD/CCYY		59. HOUR	
ALAN M. COLD, M.D., 3801 KATELLA AVE., LOS ALAMITOS, CA 90720		03/14/2002			
60. MANNER OF DEATH		61. INJURY AT WORK		62. PLACE OF INJURY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
63. ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>		64. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
65. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		66. SIGNATURE OF CORONER OR DEPUTY CORONER		67. DATE M/M/DD/CCYY	
		<i>Hugh Nguyen</i>		03/17/2014	
68. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		69. FAX AUTH. #		70. CENSUS TRACT	
HUGH NGUYEN		3730			

007165

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.

PRNCO (Rev) 06/13

HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

01/31/2014
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