



LISA HOEHNE, RECORDER

Recording Requested by and
when recorded mail to:
Michael Richard Ciaccia
308 B Street
Silverton, OR 97381

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 }

Nancy A. Warner, of legal age, being duly sworn, deposes and says:

That Ruth Juanita Ciaccia, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruth J. 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, Nancy A. Warner, am the Successor 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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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.

Nancy A. Warner

Nancy A. Warner

State of California
County of Orange

Subscribed and sworn to (or affirmed) before
me on this 3rd day of October, 2017
by Nancy A. Warner, who proved to me on the basis
of satisfactory evidence to be the person who
appeared before me.

Signature *[Signature]*



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

3052017110883

CERTIFICATE OF DEATH

3201730008768

STATE FILE NUMBER 3052017110883		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS 15-1 (REV. 1/08)		LOCAL REGISTRATION NUMBER 3201730008768	
1. NAME OF DECEDENT - FIRST (Given) RUTH		2. MIDDLE JUANITA		3. LAST (Family) CIACCIA	
AKA, ALBO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 05/19/1923		5. AGE Yrs 94	6. GENDER F	7. DATE OF DEATH mm/dd/yyyy 05/25/2017	8. HOUR (24 Hours) 1511
9. BIRTH STATE/FOREIGN COUNTRY OK		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/WIDOW* (at time of death) WIDOWED		13. EDUCATION - Highest Level Degree (see worksheet on back) 09			
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> NO WHITE			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail establishment, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 70	
20. DECEDENT'S RESIDENCE (Street and number, or location) 11371 MONTSERRAT STREET					
21. CITY CYPRESS		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 90630	24. YEARS IN COUNTY 51
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP NANCY A WARNER, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or care address, city or town, state and zip) 11371 MONTSERRAT STREET, CYPRESS, CA 90630					
28. NAME OF FUNERAL HOME/DECEASED - FIRST WILLIAM		29. MIDDLE SAVAGE		30. LAST (SURNAME) HAMES	
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE ANNIEBELLE		33. LAST (SURNAME) HAMES	
34. BIRTH STATE AL		35. BIRTH STATE OK		36. BIRTH STATE OK	
37. LAST (BIRTH NAME) HAMES		38. DEPOSITION DATE mm/dd/yyyy 06/03/2017			
39. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 4471 LINCOLN STREET, CYPRESS, CA 90630		40. TYPE OF DISPOSITION BU			
41. SIGNATURE OF REGISTRAR ERIC G. HANDLER, M.D.		42. SIGNATURE OF REGISTRAR ERIC G. HANDLER, M.D.		43. LICENSE NUMBER EMB7484	44. DATE mm/dd/yyyy 05/31/2017
45. NAME OF FUNERAL ESTABLISHMENT CHAPMAN FUNERAL HOMES		46. LICENSE NUMBER FD2146		47. DATE mm/dd/yyyy 05/31/2017	
101. PLACE OF DEATH RESIDENCE, HOSPICE					
102. COUNTY ORANGE		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11371 MONTSERRAT STREET		104. CITY CYPRESS	
105. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
106. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
107. SEVERITY OF DEATH Severely, but not fatal, if any leading to cause on Line A. Other UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
108. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. UNUSUAL CIRCUMSTANCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 HYPERTENSION, CHRONIC HEART FAILURE PNEUMONIA, HYPOXIA					
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date.) NO					
113. SIGNATURE AND TITLE OF CERTIFIER ARTHUR UNGERLEIDER D.O.		114. LICENSE NUMBER 20A3440		115. DATE mm/dd/yyyy 05/30/2017	
116. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARTHUR UNGERLEIDER D.O. 8130 FLORENCE AVENUE #200, DOWNEY, CA 90240		117. SIGNATURE AND TITLE OF CORONER/DEPUTY CORONER			
118. DATE mm/dd/yyyy 05/22/2017		119. DATE mm/dd/yyyy 05/25/2017		120. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
121. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER/DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
108963		*01000100357252*		CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF ORANGE

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.

AUG 31 2017

DATE ISSUED



000582254

Hugh Nguyen
 HUGH NGUYEN
 COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAORANGE02