EUREKA COUNTY, NV

2017-233945

Rec \$35 00 Total \$35 00

10/30/2017 09:46 AM

MICHAEL RICHARD CIACCIA

Pgs=2



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

LISA HOEHNE, RECORDER

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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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

State of California

County of Orange

Subscribed and sworn to (or affirmed) before

me on this 3<sup>rd</sup> 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

LAUREN K. ROLL
Commission # 2098482
Notary Public - California
Orange County
My Comm. Expires Feb 26, 2019

## **COUNTY OF ORANGE**

**CLERK-RECORDER** 

	3052017110				USE	CERT	FICATE	OF DI	EATH ORATEMISMS		32017300					
	1 NAME OF DECEDENT-FIRST (GWAN) RUTH				CERTIFICATE OF DEATH SEE MACK INCOMEY AND ENABLINGS, WHITEOUTS OR ATTEMPTONS  2. MIDDLE JUANITA LOCAL JUANITA CIA					ST (Ferrily)	LOGAL REGISTRATION NUMBER  Femily)					
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Ě	MATH STATE/FOREIGN COUNT OK	BINTH STATE/FOREIGN COUNTRY 10 SOCIAL MECU OK			ER		X NO	ORGES?	WIDOWE	SE/SERCET (SE TIME OF DAMES	7 DATE OF DEATH IN	Westcopy	1511			
Ë	13. EDUCATION - Highest Level/Degree			SPANSCALATIN	OWNER	VABH? # yes.	-	n heck)	14. DECEDENT'S		nay be listed (see varior)	eel on back)	1011			
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	HOMEMAKER OWN HOME 70												COUPATION			
	20. DECEEPAN'S RESIDENCE (Served and number, or location) 11371 MONTSERRAT STREET															
MDEN.	21 CITY 22.CI			12. COUNT	DUNTY/PROVINCE 23. ZIP CODE 184				SAL YEARS IN COUR	TY M. STATEFOREK	N COUNTR	_				
- 2	CYPRESS SIL INFORMATI'S NAME, RELATI			ORAN	GE		- Com - 200	9063		51	CA					
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AND	96-Refrit OL SPARKAR SAGIN		-PROMET	- 24	MEDI	£		ž	24 LAST (\$40)	alua!	17.22	44	0,00	t.		
	31 NAME OF FATHER/PARENT-F	PST		32.	MIDDLE				33. LAST		SA, BURTH STATE					
UBE/BRDP NT INFORM	WILLIAM 95. NAME OF MOTHER/PARENT-	EMBET		-	- SA			SAVAG	7.0		AL					
PAMENT	ANNIEBELLE			-					37 LAST (BIET)			- 1	SATINIE AS OK	TATE		
8	M DEPORTED DATE STANDARD 14 PLACE OF FRANCE DISPOSITION FOR REST LAWN MEMORIAL PAR 4471 LINCOLN STREET, CYPRESS, CA 90630											L	1			
Salen	41 TYPE OF DISPOSITION(S)		TI LING	JEIN GT	NEL		MESS,		030			46. LIC	MARE NUM			
FUNERAL DIMECTOR. LOCAL REGISTRAR	BU				► TERRY J HARMON			<b>79</b>		<b>B74</b> 84						
₹ 2	44 NAME OF FUNERAL BETAILUSIMIENT CHAPMAN FUNERAL HOMES				FD2146 • ERIC G. HANDLER, M.D.					47. DATE mendedroopy 05/31/2017						
<b>8</b> ≠	101 PLACE OF DEATH	PIC	-	*********		***************************************	·	102 2	HOMMIN, SPEC	FY GHE TOU. IF	OTHER WHALHOUPTIN	SPECIFY	NE	- 7		
PLACE OF	RESIDENCE, HOSPICE    Oct. COUNTY   Not. TRICLITY ADDRESS ON LOCATION WHITE FOURD (Broad and number, or burstless)								Home North More North Other							
-	ORANGE	- F	11371 MO								CYPRE		1	/		
İ	MAMEDIATE CAUSE (A END								DO NOT solar to O NOT ABBREVAT RY DISEA		Note beloved Ballow Super and Beats		HEPORIED Y TEN	X NO		
	(Final disease or condition resulting in death)		<del></del>	1						<u> </u>	YRS		PERSONAL PARAMETERS			
Z	Seministry, list conditions, if any,				and the	and the latest designation of the latest des		State of the local division in which the local division is not to be a second division in the local division i		7	(BI)	100 BIO		MED?		
AURE OF DEATH	en Line A. Bater 197 UNDERLYING		7		1	THE PERSON			The Real Property lies, the Person of the Pe	,44[] 4) 1: (1)	(CT)	110. AUT		ED7		
9	CAUSE (Meason or Injury that I		7	-/-					-		(07)	11 to Upiero		X NO		
ే	112 OTHER SIGNIFICANT CONDIT	ONS CC	NTHEOTISM TO D	EATH BUT NO	T NESU	TING A THE	ALCOHOL VINES	CATHER COL	Dr 20 107	<b>N</b>	1			- MO		
	HYPERTENSION,								OXIA	1	1			٧.		
ı	113, WAS OPERATION PERFORME NO	D FOR A	VY CONDITION IN I	TEM 102 OR	1127 <b>9</b> f y	es, list type of	operation and	date.)		1	110	FRANCE !	X NO	LART YEAR?		
ĘŽ	114. I CERTIFY THAT TO THE BEST OF ME AT THE HOUR, DATE, AND PLACE STATE	PROM T	DOE DEATH OCCURA & CALABOR BINZED.	116.86		AND TITLE C				50	110. LICENSE NO.					
PHYSICIAN'S CENTIFICATION	Decedent Attended Stree (A) mm/Add/ocyy (B)	Dese	dard List Soon Alive M/dd/coyy	IIIN A D	THU	RUNG	ERLEIC	DER D.	O.		20A3440	05.	30/20	17		
£ %	05/22/2017 0	5/25	/2017						00, DOW	NEY, CA 902	JNGERLEIDE 240	R D.O	•			
1	11L I CERTIFY THAT IN MY CHINON DE MANNER OF DEATH NINGHIN		PRINCED AT THE HOUR.	DAIL AND PU	CE STOR	D FROM THE C	AUBER REPORTED	Could not be	12A BUURG	DATWOPK?	121 MUURY DATE	mas/de/toryy	122 HOUR	(24 HeJra)		
3	123. PLACE OF INJURY (e.g., home	conetn	cten she, wecased	area, etc.)				Command.								
₩ 1	124. DESCRIBE HOW SHAURY GOO	UMPED	Éverde which resul	bed in injury)						/						
<b>[</b>	196 LOCATION OF INJURY (Breat			- 1			The Real Property lies		7	100						
8	The Edwin Cit (C) House,		CHE, MF HICKERIN, BAY	e only, and adj	196	·		The Parks			/					
Ī	120 SIGNATURE OF CORONER / D	EPUTY	CORONER	<del></del>		127	DATE MAN	dd/ecyy	128 TYPE NAM	E, TITLE OF COMONE	A/DEPUTY CORONER					
STATE			c	D	ΤE		-				FAX AUTH A		CENSU			
REGIST	RAR		<u> </u>	L	<u> </u>				1003572523*		TOWN AND IN.		CENSUI	INACT		
						10%										

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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 3 1 2017

DATE ISSUED