



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 005-520-27

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA

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SS

COUNTY OF ORANGE

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

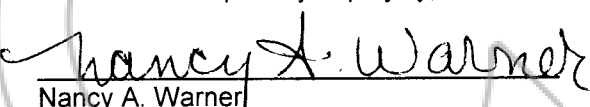
That Ruth Juanita Ciaccia, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruth J. Ciaccia named as the Trustee in that certain Declaration of Trust dated June 20, 2000 executed by Richard Ciaccia and Ruth Juanita Ciaccia as Trustors.

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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

3052017110883

CERTIFICATE OF DEATH

3201730008768

STATE FILE NUMBER 3052017110883		LOCAL REGISTRATION NUMBER 3201730008768	
1 NAME OF DECEDENT - FIRST (Given) RUTH		3 LAST (Family) CIACCIA	
2 MIDDLE JUANITA		4 DATE OF BIRTH mm/dd/yyyy 05/19/1923	
5 AGE Yrs. 94		6 SEX F	
7 BIRTH STATE/FOREIGN COUNTRY OK		8 SOCIAL SECURITY NUMBER [REDACTED]	
9 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10 MARITAL STATUS/PROF. at Time of Death WIDOWED	
11 DATE OF DEATH mm/dd/yyyy 05/25/2017		12 HOUR (24 Hours) 1511	
13 EDUCATION - Higher Level (Degree) 09		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back) WHITE		16 YEARS IN OCCUPATION 70	
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, real construction, employment agency, etc.) OWN HOME	
20 DECEDENT'S RESIDENCE (Street and number, or location) 11371 MONTERRAT STREET			
21 CITY CYPRESS		22 COUNTY/PROVINCE ORANGE	
23 ZIP CODE 90630		24 STATE/FOREIGN COUNTRY CA	
25 INFORMANT'S NAME, RELATIONSHIP NANCY A. WARNER, DAUGHTER			
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 11371 MONTERRAT STREET, CYPRESS, CA 90630			
28 NAME OF SURVIVING SPOUSE/PROF. - FIRST [REDACTED]			
29 MIDDLE [REDACTED]			
30 LAST (Family) [REDACTED]			
31 NAME OF FATHER/PARENT - FIRST WILLIAM			
32 MIDDLE [REDACTED]			
33 LAST SAVAGE			
34 BIRTH STATE AL			
35 NAME OF MOTHER/PARENT - FIRST ANNIEBELLE			
36 MIDDLE [REDACTED]			
37 LAST (BIRTH NAME) HAMES			
38 BIRTH STATE OK			
39 DEPOSITION DATE mm/dd/yyyy 06/03/2017		40 PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 4471 LINCOLN STREET, CYPRESS, CA 90630	
41 TYPE OF DISPOSITION BU		42 SIGNATURE OF EMBALMER TERRY J HARMON	
43 LICENSE NUMBER EMB7484		44 NAME OF FUNERAL ESTABLISHMENT CHAPMAN FUNERAL HOMES	
45 LICENSE NUMBER FD2146		46 SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47 DATE mm/dd/yyyy 05/31/2017		48	
101 PLACE OF DEATH RESIDENCE, HOSPICE			
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENCP <input type="checkbox"/> DCU <input type="checkbox"/> HOSPICE			
103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104 COUNTY ORANGE		105 CITY CYPRESS	
106 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11371 MONTERRAT STREET		107 CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without first stating the underlying (SIC) NOT APPROVED	
108 IMMEDIATE CAUSE (First disease or condition resulting in death) (A) END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE		109 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 SUBSEQUENTLY, but conditions, if any, leading to death on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) [REDACTED] (C) [REDACTED] (D) [REDACTED]		111 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, CHRONIC HEART FAILURE PNEUMONIA, HYPOXIA		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	
114 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 05/22/2017 05/25/2017		115 SIGNATURE AND TITLE OF CERTIFIER ARTHUR UNGERLEIDER D.O.	
116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARTHUR UNGERLEIDER D.O. 8130 FLORENCE AVENUE #200, DOWNEY, CA 90240		117 LICENSE NUMBER 20A3440	
118 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		119 INJURY DATE mm/dd/yyyy 05/30/2017	
120 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121 HOURS (24 Hours) [REDACTED]	
122 DESCRIBE HOW INJURY OCCURRED (Events with 1 resulted in injury)			
123 LOCATION OF INJURY (Street and number, or location, and city, and zip)			
124 SIGNATURE OF CORONER / DEPUTY CORONER		125 DATE mm/dd/yyyy	
126 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		127	
STATE REGISTRAR A B C D E			
FAX AUTH.#			
CENSUS TRACT			

108964

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.

DATE ISSUED

AUG 31 2017

000582253

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