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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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

Handwritten signature of Nancy A. Warner over a printed name line.

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 line with handwritten signature.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

3052017110883

CERTIFICATE OF DEATH

3201730008768

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1 NAME OF DECEDENT - FIRST (Given) RUTH
2 MIDDLE JUANITA
3 LAST (Family) CIACCIA

AKA, ALSO KNOWN AS - Include last AKA FIRST, MIDDLE, LAST

4 DATE OF BIRTH mm/dd/yyyy 05/19/1923
5 AGE Yrs 94
6 US BIRTH YEAR Month Day 1923
7 F BIRTH HOUR Minute 15
8 SEX F

9 BIRTH STATE/FOREIGN COUNTRY OK
10 SOCIAL SECURITY NUMBER
11 EVER IN U.S. ARMED FORCES? YES NO UNK
12 MARITAL STATUS/PROP. at Time of Death WIDOWED
13 EDUCATION - Highest Level/Degree (see instruction on back) 09
14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see instruction on back) YES NO UNK
15 DATE OF DEATH mm/dd/yyyy 05/25/2017
16 HOUR (24 Hour) 1511
17 DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, employment agency, etc.) OWN HOME
19 YEARS IN OCCUPATION 70

20 DECEDENT'S RESIDENCE (Street and number, or location)
11371 MONTERRAT 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 rural route, post office, or farm, house, and care)
11371 MONTERRAT STREET, CYPRESS, CA 90630

28 NAME OF SURVIVING SPOUSE/PARTNER - FIRST
29 MIDDLE
30 LAST

31 NAME OF FATHER/PARENT - FIRST WILLIAM
32 MIDDLE
33 LAST SAVAGE
34 BIRTH STATE AL
35 NAME OF MOTHER/PARENT - FIRST ANNIEBELLE
36 MIDDLE
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
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

101 PLACE OF DEATH RESIDENCE, HOSPICE
102 IF HOSPITAL, SPECIFY ONE
103 IF OTHER THAN HOSPITAL, SPECIFY ONE
104 COUNTY ORANGE
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
11371 MONTERRAT STREET
106 CITY CYPRESS

107 CAUSE OF DEATH
108 INTERVAL BETWEEN LAST AND DEATH
109 DEATH REPORTED TO CORONER
IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE
108 YRS
109 YES NO UNK
110 BIRTH PERFORMED? YES NO UNK
111 AUTOPSY PERFORMED? YES NO UNK
112 USED IN DETERMINING CAUSE? YES NO UNK

113 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Specify in 107)
HYPERTENSION, CHRONIC HEART FAILURE PNEUMONIA, HYPOXIA

114 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date)
NO

115 SIGNATURE AND TITLE OF CERTIFIER ARTHUR UNGERLEIDER D.O.
116 LICENSE NUMBER 20A3440
117 DATE mm/dd/yyyy 05/30/2017

118 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARTHUR UNGERLEIDER D.O.
8130 FLORENCE AVENUE #200, DOWNEY, CA 90240

120 MANNER OF DEATH Natural Accidents Homicide Suicide Investigation Could not be determined
121 INJURED AT WORK? YES NO UNK
122 INJURY DATE mm/dd/yyyy
123 HOUR (24 Hour)

124 DESCRIBE HOW INJURY OCCURRED (Events with 1 resulted in injury)
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)

126 SIGNATURE OF CORONER / DEPUTY CORONER
127 DATE mm/dd/yyyy
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT
"01000100357252"

108964

CAORANGE02

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

