

A.P.N: 1220-09-810-079

Cindy Grant
251 Prairie Rose Street
Henderson, NV 89015



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO:

Same

*Cindy E. Grant
251 Prairie Rose St.
Henderson, NV 89015*

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)

Carson City)ss.

Cindy Grant, of legal age, daughter of decedent named below, first being duly sworn, deposes and says:

That Elfriede E.M. Short, the decedent mentioned in the attached certified copy of Certificate of Death, who died on February 11, 2023, at Douglas County, Nevada, is the same person as Elfriede E.M. Short, named as Trustee in that certain Declaration of Trust dated March 17, 2003, executed by Russell H. Short and Elfriede E.M. Short, as Trustors and Trustees.

Decedent as a Trustee is the same person who was named as a grantee in that certain Quitclaim Deed, recorded on September 06, 2011 as Document No. 481314, of Official Records of Lyon County, Nevada and legally described as follows:

All that certain real property situate in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 309, GARDNERVILLE RANCHOS SUBDIVISION UNIT NO. 2, as shown on the official map recorded in the office of the County Recorder on June 1, 1965, in Book 1 of Maps, Document No. 29309 and Title Sheet amended recorded June 4, 1965, in Book 1 of Maps, Document No. 28377, Douglas County, Nevada Records.

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Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

Dated: March 14, 2023

Cindy E. Grant
CINDY GRANT

ACKNOWLEDGEMENT

STATE OF NEVADA)
Carson City)ss:

Subscribed and sworn to (or affirmed) before me on this 14th day of March, 2023, by CINDY GRANT, proved to me on the basis of satisfactory evidence to be the person who appeared before me and executed the foregoing instrument and who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

WITNESS my hand and official seal.

Heather Cooney
NOTARY



(Seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4333765

CERTIFICATE OF DEATH

2023003526
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elfriede Erna Marianne SHORT		2. DATE OF DEATH (Mo/Day/Year) February 11, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5277		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1027 Wagon Wheel Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Heinrich PLASSMEIER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elfriede JABLONSKI		
18a. INFORMANT- NAME (Type or Print) Cindy GRANT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 251 Prairie Rose St Henderson, Nevada 89015			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ZACHARY D HICKMAN			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ZACHARY D HICKMAN		
21b. DATE SIGNED (Mo/Day/Yr) February 19, 2023		21c. HOUR OF DEATH 09:57		22b. DATE SIGNED (Mo/Day/Yr) February 11, 2023	
22c. HOUR OF DEATH 09:57		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 11, 2023		22e. PRONOUNCED DEAD AT (Hour) 09:57	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 21, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



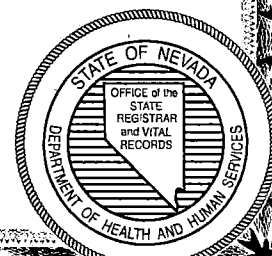
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records;

DATE ISSUED: **2/23/2023**

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE