

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 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 Russell H. Short, the decedent mentioned in the attached certified copy of Certificate of Death, who died on July 6, 2021, at Washoe County, Nevada, is the same person as Russell H. 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 The Trust was in effect at the date of the death of Decedent and has not been revoked.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. 4223088

CERTIFICATE OF DEATH

2021016207
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) Russell Hammond SHORT		2 DATE OF DEATH (Mo/DaY/Year) July 06, 2021		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCAT CN OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION (Name, if not either, give street number) Renown Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify); Inpatient	
5 RACE (Specify) White		6 Hispanic Orgn ⁿ Specify No - Non-Hispanic		7a AGE Last birthdaY (Years) 86	
9a STATE OF BIRTH (if not US/CA, name country) Massachusetts		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE - NAME (Last name prior to 1st marriage) Elfriede PLASSMEIER		8 DATE OF BIRTH (Mo/DaY/Yr) March 03, 1935	
13 SOCIAL SECURITY NUMBER ██████████ 6896		14a USUAl OCCUPATION (Give Kind of Work Done During Most of		14b KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
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) Yes		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) George G SHORT			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Carolyn PEATFIELD		
18a INFORMANT - NAME (Type or Print) Elfriede SHORT		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1027 Wagon Wheel Ct Gardnerville Nevada 89460			
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) CARMEN THOMAS		20b FUNERAL DIRECTOR LICENSE NUMBER FD961		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) KATHERINE S CALLAHAN MD SIGNATURE AUTHENTICATED		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) KATHERINE S CALLAHAN MD SIGNATURE AUTHENTICATED			
21b DATE SIGNED (Mo/DaY/Yr) July 12, 2021		21c HOUR OF DEATH 20:00		22b DATE SIGNED (Mo/DaY/Yr) July 06, 2021	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH 20:00		22d PRONOUNCED DEAD (Mo/DaY/Yr) July 06, 2021	
22a PRONOUNCED DEAD AT (Hour) 20:00		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Katherine S Callahan MD 990 E Ninth St Reno, NV 83512			
23b LICENSE NUMBER 16921		24a REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/DaY/Yr) July 13, 2021	
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) Blunt Head Trauma DUE TO, OR AS A CONSEQUENCE OF (b) Ground Level Fall DUE TO, OR AS A CONSEQUENCE OF (c) Ground Level Fall DUE TO, OR AS A CONSEQUENCE OF (d)			
26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a ACC, SUICIDE, HOMICIDE OR PENDING INVEST (Specify) ACCIDENT		28b DATE OF INJURY (Mo/DaY/Yr) June 30, 2021		28c HOUR OF INJURY 2007	
28d DESCRIBE HOW INJURY OCCURRED Ground Level Fall					
28e INJURY AT WORK (Specify Yes or No) No		28f PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g LOCATION STREET OR R.F.D No CITY OR TOWN STATE 1027 Wagon Wheel Court Gardnerville Nevada	



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.

7/30/2021

DATE ISSUED:

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

