15

DOUGLAS COUNTY, NV
Rec:$15.00
Total:$15.00
KATRIN W DEBACKER

2015-858894
03/19/2015 01:13 PM
Pgs=2

0001026820150858894002025

KAREN ELLISON, RECORDER

APN# 1220-21-510-200

RECORDING REQUESTED BY:

Katrin W. DeBacker
PO Box 2771
Stateline, NV 89449

WHEN RECORDED AND MAIL TAX STATEMENTS TO:

Katrin W. DeBacker
PO Box 2771
Stateline, NV 89449

AFFIDAVIT – DEATH OF JOINT TENANT

Katrin W. DeBacker, being 18 years or older, being first duly sworn, deposes and says:

The decedent, **Othmar Konrad Wallner** mentioned in the attached certified copy of Certificate of Death is the same person as **Othmar K. Wallner** named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 3, 2006 executed by **Katrin W. DeBacker, an unmarried woman and Othmar K. Wallner, an unmarried man as joint tenants**, and recorded on **March 31, 2006** in **Book 0306, page 13698 as Document No. 0671705** of Official Records of Douglas County, State of Nevada covering the following described real property situated in Douglas County, State of Nevada:

LOT 238 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS DOCUMENT NO. 66512, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

Katrin W. DeBacker — 3-11-15 Date

STATE OF NEVADA)
) **ss:**
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 11 day of MARCH 2015 by Katrin W. DeBacker, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Jerry P. Blair
Notary Public

JERRY P. BLAIR
Notary Public, State of Nevada
Appointment No. 86-0185-5
My Appt. Expires Jan 5, 2019

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR: 02/19/2015

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER § 39-241(4) AND § 39-274, IDAHO CODE

STATE FILE NO: 2015-01692
Local Reg. No.

DECEDENT — TYPE OR PRINT IN PERMANENT, BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOK

MORTICIAN: Complete/Verify and File Within 5 Days of Death

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER
OTHMAR KONRAD WALLNER	MALE	[redacted]-1340

4a. AGE-Last Birthday	4b. UNDER 1 YEAR (Months / Days)	4c. UNDER 1 DAY (Hours / Minutes)	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
83 (Years)			06/17/1931	BOZEN, AUSTRALIA

7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
IDAHO	KOOTENAI	HAYDEN	14799 N BOOTHILL RD		83835	☒ Yes ☐ No

8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown

9. SURVIVING SPOUSE'S NAME (If wife, give maiden name):

PARENTS

10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)
☐ Yes ☒ No	GUSTAV OBER WALLNER	AUSTRIA
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	12b. BIRTHPLACE (State, Territory, or Foreign Country)
	MARIA KAMMERLANDER	AUSTRIA

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
PETER WALLNER	SON	14799 N BOOTHILL RD HAYDEN, ID 83835

DISPOSITION

* 14. METHOD OF DISPOSITION	* 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	BELL TOWER FUNERAL HOME & CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854	BELL TOWER FUNERAL HOME AND CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854

* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	* 17b. LICENSE NUMBER (Of licensee)	* 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?
ELECTRONICALLY FILED: DALE A. FILLMORE	M1118	☒ Yes ☐ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

* 19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☒ Decedent's home 7 ☐ Other (Specify) _____

* 20. FACILITY NAME (If not facility, give street and number)	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	* 22. COUNTY OF DEATH
14799 N BOOTHILL RD	HAYDEN, ID 83835	KOOTENAI

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)
Estimated 02/12/2015 - 02/12/2015	Estimated 00:00 - 04:30	February 12, 2015	05:02

CAUSE OF DEATH

J-149

27. CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

PART I. Enter the chain of events --diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. HYPOXEMIA	6 MONTHS
	DUE TO (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	b. COPD	6 MONTHS
	DUE TO (or as a consequence of):	
	c.	
	DUE TO (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	35. INJURY AT WORK?
			☐ Yes ☐ No

36. LOCATION OF INJURY: State _____ City, Town or County _____ Zip Code _____
Street and Number or Location _____ Apartment Number _____

37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPES(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable

TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER — IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate)

☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the *natural* cause(s)/manner stated. ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE

☐ CORONER - 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) and manner stated.

39b. LICENSE NUMBER: M-07938

39c. DATE SIGNED: 2 / 19 / 2015 (MM / DD / YYYY)

Signature and Title of Certifier: JOHN L. TORQUATO, M.D.

* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): JOHN L. TORQUATO 265 W PRAIRIE SHOPPING CENTER HAYDEN, ID 83835

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gelotte

40b. DATE SIGNED: 2 / 19 / 2015 (MM / DD / YYYY)

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: MAR 16 2015

James B. Gelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PBNCO(Rev) 02/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE