16

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 DOUGLAS COUNTY, NV

Rec:\$15.00 Total:\$15.00

Total:\$15.00 KATRIN W DEBACKER 2015-858894

03/19/2015 01:13 PM

Pgs=2



KAREN ELLISON, RECORDER

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

Data

a digital

STATE OF NEVADA

) ss:

COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 1 day of MAG(H) 2015 by Katrin W. DeBacker, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Notary Public /







STATE OF IDAHO

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

(FILED BY STATE REGISTRAR:	State of Idaho CERTIFICATE OF DEA	ÆΗ	STATE FIL	_{E NO: 2015-01692}	
	02/		a copy of this document, certified by the state registrar with the d meed spal, shall be used as prima face evidence of this death under	ETARTHERT OF	HEALTH AND WELFAN		22 A Se A
DECEDENT			de AKA's if any) (First, Middle, Last, Suffix)	-	2.51	3. SOCIAL	L SECURITY NUMBER
TYPE OR PRINT IN	ş	OTHMAR KONRAD WALLI	A Company of the Comp) N	IALE 1	1340
PERMANENT.	8	4à, AGELast Birthday 4b, UNDER 1 S Months D	YEAR 4C. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day lays Hours Minutes	i/Yr)		• •	erritory, or Foreign Country)
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reta ili kati	윰	74. RESIDENCE - STATE OR FOREIGN		*	7c. CITY OR TO		
FOR INSTRUCTIONS	2	7d. STREET AND NUMBER	KOOTENAI		HAYDEN		The state of the s
SEE	럁	14799 N BOOTHILL RD		14.5	7e. APT, NO.	77, ZIP CODE 83835	7g. INSIDE CITY
HANDBOOKS	2	IL MARITAL STATUS AT TIME OF DEA	ATH	9.50	RVIVING SPOIL	SE'S NAME (If wife, give	malden name)
: 40 9	듷	viji LAR Hildriga			IXVIIII DI CO	OC O TOTALE (II WIIO, GIVE	(made) really)
PARENTS	la /	. I Member Member but separated 10, EVER IN U.S. 11a. FATHER'S NA	Mdowed □ Divorced □ Never married □ Unknown ME (First Middle Lest Suffer)	1001	· .	1h BIRTHPI ACF (State	, Territory, or Foreign Country)
<u>,</u> ,, 1,,,,,,	erif	ARMED	OBER WALLNER	-		AUSTRIA.	, ranay, or
· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	≧	□ Yes kin voruene w	AIDEN NAME (First, Middle, Last, Suffix)			796	Territory, or Foreign Country)
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INFORMANT	ß	·	and the second s	ENT 13c. A	MAILING ADDRI		City State Zin Code)
	ż	PETER WALLNER	SON			OTHILL RD HAYD	
DISPOSITION	ĬĶ	. 14. METHOD OF DISPOSITION	IK. PLACE OF DISPOSITION (Name and address of c	emetery.	16. NAME AN	D. CONPLETE ADDRES	S OF FUNERAL FACILITY
	ΙĔ	☐ Buriel ☐ Cremation ☐ Entemperent	Crematory, other pulces) BELL TOWER FUNERAL HOME & CREMATORY		BELL TO	WER FUNERAL HOME	ND CREMATORY
	R	Removal from Idaho	3398 EAST JENALAN STREET			AST JENALAN ST	
	Σ	Other (Specify)	POST FALLS, IDAHO 83854	17h TICES	POST I	ALLS, IDAHO 838	CORONER CONTACTED
i waa	ŀ	ELECTRONICALLY FILED	The state of the s	M11	. 1.57	DUE	TO CAUSE OF DEATH?
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DEATH	1		DOA 4 ☐ Hospice facility 5 ☐ Nursing home/Long is		2%	of a home 70 Other	/Cnerifi)
	1	* 20 FACILITY NAME (If not facility, give					122 COUNTY OF DEATH
	ļ	14799 N BOOTHILL RD	HAYDEN, I	D 83835		₩ KĀ	KOOTENAL
DATE OF		* 23. DATE OF DEATH (Mo/Day/Yr) (Si		3.		(Mo/Day/Yr) (Spell month	
DEATH		Estimated 02/12/2015 - 03		ebruary	75.	TANK THAT	05:02 (24hr)
CAUSE OF	ĺ.	77 141 45 Z 7 L 1 -	27, CAUSE O	F DEATH			1 0000
DEATH	١.		eases, injunes, or complications—that directly caused the de	eath DONO	T enter terminal		Approximate Interval:
N MON	1	errest, respiratory arrest, or ventricular fi	brillation without showing the etiology, DO NOT ABBREVIA		nly one cause on	a line:	Onset to Death
7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		IMMEDIATE CAUSE (Final HY)	POXEMÍA		nly one cause or	a line:	Onset to Death
)~ ~\ <u>``</u>		disease or condition HYI disease or condition resulting in death)	POXEMIA DUE TO (or as a consequence of):	TE. Enter or	nly one cause on	a line;	6 MONTHS
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)~ ^ <u>~</u> :: :: :::::::::::::::::::::::::::::::	of Death	IMMEDIATE CAUSE (Final disease of condition in casualting in death) Sequentially fist conditions; If any, leading to the cause Rated on line a. Enter the UNDERLYING CAUSE	POXEMIA DUE TO (or as a consequence of):	TE. Enter or	nly one cause on	a Ene;	6 MONTHS
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744Y	72 Hours of Death	MMAEDIA TE CAUBE (Fine disease) or condition	POXEMÍA DUE TO (or as a consequence of): DUE TO (or as a consequence of):	TE. Enter or			6 MONTHS
944Y	ithin 72 Hours of Death	MAMEDIA TE CAUSE (Find disease) or condition resulting in death). Sequentially list conditions; if any leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST ((talease or Inkly that initiated the eventus resulting in death). PART R. Enter types start front conditions.	POXEMÍA DUE TO (or as a consequence of): ons contributing to death; but not resulting in the underlying.	TE. Enter or		8s. WAS AN AUTOPSY PERFORMED?	6 MONTHS. 6 MONTHS. 25b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?.
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99-97.	Complete Within 72 Hours of Death	MANEDIATE CAUSE (Fine desease) or condition	POXEMÍA DUE TO (or as a consequence of): ons contributing to death but not resulting in the bindenying on a contributing to death to 19ea before of the programs within past year of 19ea before of the programs of th	cause given	in Part I 2	Sa. WAS AN AUTOPSY PERFORMED? YES SO NO ST. MANNER OF DEATH	25b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?. Vex. J. No.
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MAR 1 6 2015

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



