

OFFICIAL RECORD

Requested By:

JEFFREY A RAHBECK

APN: 1318-23-217-009

Recording Request By and  
When Recorded Mail to:

Jeffrey K. Rahbeck, Esq.  
P.O. Box 435  
Zephyr Cove, NV 89448

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0307 PG- 1312 RPTT: 0.00



Mail Tax Statements to:

Sandra L. Bangert  
2606 Baycrest  
Houston, TX 77058

**AFFIDAVIT BY SURVIVING JOINT TENANT**

State of Nevada )  
 ) ss.  
County of Douglas )

SANDRA L. BANGERT, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of CHARLES A. BANGERT, III, and that the Affiant and the said CHARLES A. BANGERT, III, deceased, are the grantees in joint tenancy with right of survivorship by Grant Bargain and Sale Deed recorded on March 29, 2001, in Book 301, at Page 7513, as Document No. 511267 of Official Records of Douglas County, Nevada, regarding that certain piece or parcel of land, situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

"Lot 3B of Lake Village, Unit 2-B, according to the map thereof, filed in the Office of the County Recorder of Douglas County, State of Nevada, on December 28, 1971, in Book 95, Page 75, as File No. 56076.

A.P.N. 07-074-060"

That the said CHARLES A. BANGERT, III, died on the 25th day of September, 2006, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A", and incorporated herein.

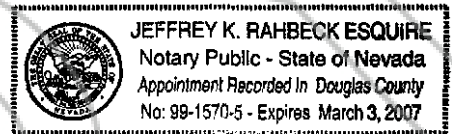
That all interest in and to the above-described real property, vested absolutely in Affiant, namely SANDRA L. BANGERT, as of the date of the decedent's death.

Dated: This 1<sup>st</sup> day of March, 2007.

Sandra L. Bangert  
SANDRA L. BANGERT

SUBSCRIBED and SWORN to before me  
this 1<sup>st</sup> day of March, 2007.

Jeffrey K. Rahbeck  
NOTARY PUBLIC



**CERTIFICATION OF VITAL RECORD**

**CITY OF HOUSTON, TEXAS, USA**

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) <b>Charles Augustus Bangert, III</b>			(Maiden) _____		2. DATE OF DEATH - ACTUAL OR PRESUMED <b>September 25, 2006</b>
3. SEX <b>Male</b>	4. DATE OF BIRTH <b>October 17, 1945</b>	5. AGE-Last Birthday (Years) <b>60</b>	IF UNDER 1 YR MO _____ DAYS _____	IF UNDER 1 DAY HOURS _____ MIN _____	6. BIRTHPLACE (City & State or Foreign Country) <b>Ballston Spa, New York</b>
7. SOCIAL SECURITY NUMBER <b>9664</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>Sandra Berry</b>	
10a. RESIDENCE STREET ADDRESS <b>2606 Baycrest</b>			10b. APT NO ---	10c. CITY OR TOWN <b>Nassau Bay</b>	
10d. COUNTY <b>Harris</b>		10e. STATE <b>Texas</b>	10f. ZIP CODE <b>77058</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME <b>Charles Bangert, Jr.</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>Lucy Ann Spalding</b>		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH <b>Harris</b>		15. CITY/TOWN, ZIP (If outside city limits, give precinct no) <b>Nassau Bay 77058</b>		16. FACILITY NAME (If not institution, give street address) <b>2606 Baycrest</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>Sandra Bangert Wife</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>2606 Baycrest, Nassau Bay, Texas 77058</b>		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> <b>1308</b> <b>Matt Crowder</b>		21. Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Grace Memorial Park Crematory</b>		23. LOCATION (City/Town, and State) <b>Hitchcock, Texas</b>			
24. NAME OF FUNERAL FACILITY <b>Crowder Funeral Home</b>		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>111 E. Medical Ctr. Blvd. Webster, Texas 77598</b>			
26. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.					
27. SIGNATURE OF CERTIFIER <i>[Signature]</i> <b>Suzanne McClure MD</b>		28. DATE CERTIFIED (Mo/Day/Yr) <b>Sept 26, 2006</b>	29. LICENSE NUMBER <b>F6926</b>	30. TIME OF DEATH (Actual or presumed) <b>9:25 A.M.</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>Dr. Suzanne McClure 1708 Amburn, Suite C, Texas City, Texas 77501</b>			32. TITLE OF CERTIFIER <b>M.D.</b>		
33. PART 1. 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 EACH LINE.					Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Glioblastoma multiforme</b>					<b>2 years</b>
Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.					
Due to (or as a consequence of):					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)				40e. COUNTY OF INJURY	
40a. LOCATION (Street and Number, City, State, Zip Code)					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. <b>02-14323</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>Sep 28, 2006</b>		42c. REGISTRAR <i>[Signature]</i>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 196, 199B)

VS-112 REV 1/2006

BK- 0307  
PG- 1314  
Page: 3 of 3 03/05/2007  
0696376

DATE ISSUED **OCT - 2 2006**  
This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of section 191.051, Health and Safety Code of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

*[Signature]*  
Lisa Akheitname, Registrar  
BUREAU OF VITAL STATISTICS

