



After Recording Return to:

INGRAM, ZELASKO & GOODWIN, LLP  
Attorneys at Law  
120 East First Street  
Aberdeen, WA 98520

Skamania County  
Real Estate Excise Tax

N/A  
OCT 22 2025

PAID N/A  
Skamania County Treasurer

**Document Title(s)** (or transactions contained therein):

COMMUNITY PROPERTY AGREEMENT

**Reference Number(s) of Documents assigned or released:**  
(the original auditor's file number)

**Grantor(s)** (Last name first, then first name and initials):

Berge, John L. (now deceased)

**Grantee(s)** (Last name first, then first name and initials):

Berge, Susan D.

**Legal Description** (abbreviated, i.e. lot, block, plat, etc.):

LOT 1 BERGE SP BK 3/PG 93

Skamania County Assessor

Date 10/22/25 Parcel# 3-8-23-5003

**Assessor's Property Tax Parcel/Account Number:**

03082300500300

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 16th day of May, 1980, by and between John L. Berge and Susan D. Berge, his wife, of Route 2, Box 201, Hoquiam, Washington, WITNESSETH:

WHEREAS, the parties herein named are husband and wife and have been such since December 18, 1964, and are residents of the State of Washington; and

WHEREAS, all the property, real and personal, now owned by the parties, is community property; and

WHEREAS, said parties desire to avail themselves of the provisions of 26.16.120 R.C.W.; now, therefore,

In consideration of the love and affection that each of the parties has for the other and in consideration of the mutual benefits to be derived herefrom by the parties hereto,

IT IS MUTUALLY AGREED that in the event of the death of John L. Berge, leaving Susan D. Berge surviving him, all of the property, both real and personal, now owned by the parties, or either of them, together with any property by them, or either of them, hereafter acquired, shall at once vest in Susan D. Berge in fee simple; and in the event of the death of Susan D. Berge, leaving John L. Berge surviving her, all property now owned by either or both of said parties, together with all property subsequently acquired by them, or either of them, shall at once vest in John L. Berge in fee simple. It is the intention of the parties, by this instrument, to make all property of the parties, or either of them, whether now owned or hereafter acquired, community property.

IN WITNESS WHEREOF, the said John L. Berge and Susan D. Berge have hereunto set their hands and seals the day and year first above written.

WITNESSES:

Sharon Chestnut

John L. Berge (SEAL)  
JOHN L. BERGE

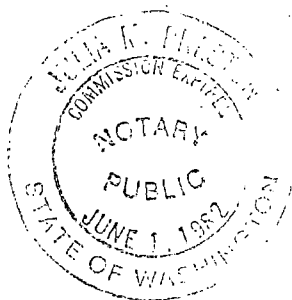
Julia M. Preston

Susan D. Berge (SEAL)  
SUSAN D. BERGE

STATE OF WASHINGTON )  
  )    ss.  
GRAYS HARBOR COUNTY )

On this 16th day of May, 1980, personally appeared before me John L. Berge and Susan D. Berge, his wife, to me known to be the individuals described in and who executed the within instrument and acknowledged that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year first above written.



Julia M. Preston  
NOTARY PUBLIC IN AND FOR THE STATE  
OF WASHINGTON, residing at Westport

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-027832

DATE ISSUED: 06/02/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN LEROY  
LAST NAME(S): BERGE

COUNTY OF DEATH: GRAYS HARBOR

DATE OF DEATH: MAY 27, 2022

HOUR OF DEATH: 01:05 PM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 15, 1941

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SUSAN DIANE HOLMES

OCCUPATION: FIREFIGHTER

INDUSTRY: FIRST RESPONDER

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: SUSAN DIANE BERGE

RELATIONSHIP: WIFE

ADDRESS: 2848 EAST HOQUIAM ROAD, HOQUIAM, WASHINGTON 98550

CAUSE OF DEATH:

A: RESPIRATORY ARREST

INTERVAL: IMMEDIATE

B: MULTIORGAN FAILURE

INTERVAL: 2 WEEKS

C: CHRONIC CONGESTIVE HEART FAILURE WITH PRESERVED EJECTION

INTERVAL: YEARS

D: CORONARY ARTERIOSCLEROSIS

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
CHRONIC HEPATITIS B, CHRONIC OBSTRUCTIVE PULMONARY DISEASE,  
VALVULAR HEART DISEASE, HEMATURIA, ANEMIA

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 2848 EAST HOQUIAM ROAD

CITY, STATE, ZIP: HOQUIAM, WASHINGTON 98550-9108

RESIDENCE STREET: 2848 EAST HOQUIAM ROAD

CITY, STATE, ZIP: HOQUIAM, WA 98550-9108

INSIDE CITY LIMITS: NO

COUNTY: GRAYS HARBOR

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 47 YEARS

FATHER: LOUIS ALBERT BERGE

MOTHER: BERNICE MARIE KANBERG

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ABERDEEN CREMATORY

CITY, STATE: ABERDEEN, WASHINGTON

DISPOSITION DATE: JUNE 08, 2022

FUNERAL FACILITY: HARRISON FAMILY MORTUARY

ADDRESS: 311 W. MARKET STREET

CITY, STATE, ZIP: ABERDEEN, WASHINGTON 98520

FUNERAL DIRECTOR: COLLEEN C. GRANT-HARRISON

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: WILLIAM ELLEDGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 4002 TACOMA MALL BLVD SUITE 204

CITY, STATE, ZIP: TACOMA, WASHINGTON 98409

DATE SIGNED: MAY 31, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 2022367

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ERICA DELGADO

DATE RECEIVED: JUNE 01, 2022

# Affidavit for Correction

Mail to: **Center for Health Statistics**  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

|                   |            |          |      |                  |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

### Required information must match current information on record

|                 |   |  |  |   |  |
|-----------------|---|--|--|---|--|
| <b>Required</b> | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)   |  |  |   |  |
|                 | 1. Name on Record:<br>First Middle Last   |  |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>(City or County) |
|                 | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden   |  |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>First Middle Last/Maiden |  |
|                 | 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____ |  |  |   |  |

|  |                |       |     |
|--|----------------|-------|-----|
| 7. Return Mailing Address:<br>PO Box or Street Address | City           | State | Zip |
| Telephone Number:<br>( )                               | Email Address: |       |     |

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

| The record currently shows: | The true fact is: |
|-----------------------------|-------------------|
| 8.                          | 9.                |
| 10.                         | 11.               |
| 12.                         | 13.               |

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

|                     |   |
|---------------------|---|
| 14a. Signature:     | 14b. Signature of 2 <sup>nd</sup> parent (if required): |
| Printed name: _____ | Printed name: _____                                     |
| Date: _____         | Date: _____   |

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.\*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

#### Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



CERTIFIED

*John C. Bausher*  
John C. Bausher, M.D. Health Officer

JUN 02 2022

GRAYS HARBOR COUNTY PUBLIC HEALTH  
AND SOCIAL SERVICES DEPT.  
2109 SUMNER AVE.  
ABERDEEN, WA. 98520

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 4 8 5 2 6 5 1