

After Recording Return to:

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

Skamania County, WA
Total: \$20.00
DEATH
Pgs=3

2025-001982

12/08/2025 04:38 PM

Request of: INGRAM, ZELASKO & GOODWIN, LLP



00022936202600019820030036

Skamania County
Real Estate Excise Tax

N/A
DEC 08 2025

PAID N/A
Skamania County Treasurer
Monaghan

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

CERTIFICATE OF DEATH

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

N/A

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

DSHS

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

BERGE, JOHN LEROY

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

LOT 1 BERGE SP BK 3/PG 93

Assessor's Property Tax Parcel/Account Number:

03082300500300 *DM*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/02/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-027832

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

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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: PO Box or Street Address City State Zip			
Telephone Number: ()		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 foregoing is true and correct.

14a. Signature: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:	
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INSTRUCTIONS – go to 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

