



201903200008

03/20/2019 08:53 AM Pages: 1 of 2 Fees: \$38.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-165706-OE, 02-165706-OE ✓

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

NADIA BERG

ABBREVIATED LEGAL DESCRIPTION:

Lot 2, Brooks View Add.

TAX PARCEL NUMBER(S):

4964-000-001-0000/P79609

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
 CLERK-RECORDER

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 UBR BLACK INK ONLY

3-96-30-011633

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
		Nadia			BERG	October 22, 1990 2010 Female		
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO., DAY, YR.		7. AGE IN YEARS	8. UNDER 1 YEAR	9. UNDER 24 HOURS
Caucasian				[X] YES [] NO		41		
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	
TN		U.S.A.		Hassan Zeghabe		Syria	Joan	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
				Married		Donald Berg		
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED
Homemaker		Homemaking		Own Home		15		13
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE				
548 Sherwood Dr.		Orange		92805				
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, EOA		19C. COUNTY		20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT		
UCI Medical Center		IP		Orange		Donald Berg - Husband 548 Sherwood Dr., Anaheim, CA 92805		
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER?		TIME INTERVAL BETWEEN ONSET AND DEATH		
101 City Drive South		Orange		[X] YES [] NO		90-05395-1A		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS SPOUSE PERFORMED?		24. WAS AUTOPSY PERFORMED?		25. WAS IT USED IN DETERMINING CAUSE OF DEATH?		
(A) Brain stem dysfunction		minutes		[] YES [X] NO		[X] YES [] NO		
DUE TO (B) Avulsing laceration of brain		days		[X] YES [] NO		[X] YES [] NO		
DUE TO (C) Gunshot wound, head		days		[X] YES [] NO		[X] YES [] NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?		27. TYPE OF OPERATION AND DATE		27C. CERTIFIED LICENSE NUMBER		
None		None				None		
1. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27B. DATE SIGNED		27D. DATE SIGNED		
		BRAD GATES SHERIFF-CORONER		Deputy Coroner		10-23-90		
28. MANNER OF DEATH—Specify one: natural, suicide, homicide, pending investigation or cause not to be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		31. HOUR
Suicide		Residence		[] YES [X] NO		10-20-90		1943
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DISPOSITION(S)		34B. PLACE OF INTERMENT, NAME AND ADDRESS		34C. DATE, MO., DAY, YEAR
548 S. Sherwood Drive, Anaheim		Self-inflicted handgun wound		CR/SEA		3 Miles Orange Newport Beach		10-26-1990
35A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		35B. LICENSE NO.		35C. SIGNATURE OF EMBALMER		35D. LICENSE NUMBER		35E. SIGNATURE OF LOCAL REGISTRAR
Melrose Abbey Funeral Home		F-1387		Not Embalmed				P. Kay Ebbins, J.C. Cordova
36. REGISTRATION DATE		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		39. CENSUS TRACT		
OCT 25 1990								

045933



CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE CLERK-RECORDER.

DATE ISSUED

APR 17 2018

Hugh Nguyen
 CLERK-RECORDER
 ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on an engraved border displaying seal and signature of Clerk-Recorder.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE