

202412260024
12/26/2024 11:27 AM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:
Virginia Eldridge
17208 N. Atlas Rd
Rathdrum ID 83858

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20243399
DEC 26 2024
Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Virginia Eldridge, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Spouse
Relationship to decedent
of Paul Eldridge, who died on 8-20-24
Decedent/Grantor Date
at Rathdrum Kootenai Idaho
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Portion west 1/2 Southline Hwy 205
thence South 1.26.21

Assessor's Property Tax Parcel/Account Number: P43880
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Virginia Lee Eldridge
Full name, age, relationship, address

83 wife 17208 N. Atlas Rd, Rutherford 10
83858

Full name, age, relationship, address

Dated: 12-26-24

Virginia L. Eldridge

Affiant's full name

360-770-1929

Telephone number

17208 N. Atlas Rd

<u>Bathrum</u>	Street <u>1D</u>	<u>83858</u>
City	State	Zip Code

<u>Virginia L. Eldridge</u>	<u>12-26-24</u>
Signature	Date

State of Washington County of Skagit

I know or have satisfactory evidence that Virginia Lee Eldridge
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12/26/24

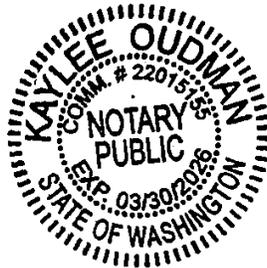
Kaylee Oudman
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3 / 30 / 2026



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT (CERTIFIED BY THE STATE REGISTER) WITH THE IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU SEAL, SHALL BE USED AS PROOF OF DEATH (ICDA 19-101-100 19-101-100 19-101-100)

DECEDENT		1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) PAUL ELDRIDGE		2. SEX MALE		3. SOCIAL SECURITY NUMBER		
TYPE OR PRINT OF PERMANENT BLACK INK - DO NOT USE FELT TYPEN	4a. AGE Last Birthday 87 (Year)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) DURANGO, COLORADO				7a. CITY OR TOWN RATHDRUM			
	7b. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO				7c. COUNTY KOOTENAI			
FOR INSTRUCTIONS SEE HANDBOOKS		7d. STREET AND NUMBER 17208 N. ATLAS ROAD		7e. APT. NO. 83858		7f. ZIP CODE 83858		
7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown VIRGINIA L. CHRISTENSEN						
PARENTS		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11a. FATHER'S NAME (First, Middle, Last, Suffix) FRED ELDRIDGE		11b. BIRTHPLACE (State, Territory, or Foreign Country) TENNESSEE		
INFORMANT		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MABLE		12b. BIRTHPLACE (State, Territory, or Foreign Country) COLORADO		13a. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
DISPOSITION		13b. INFORMANT'S NAME (Type or print) VIRGINIA L. ELDRIDGE		13c. RELATIONSHIP TO DECEDENT SPOUSE		13d. MAILING ADDRESS (Street and Number, City, State, Zip Code) 17208 N. ATLAS ROAD, RATHDRUM, ID, 83858		
PLACE OF DEATH		14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CEMETERY 744 NORTH FOURTH STREET COEUR D'ALENE ID 83814		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE IDAHO 83814		
DATE OF DEATH		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ELI YATES		17b. LICENSE NUMBER (or licensee) M0832		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CAUSE OF DEATH		19a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)						
MORTICIAN: Complete Within 5 Days of Death		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)						
MORTICIAN: Complete Within 72 Hours of Death		20. FACILITY NAME (If not facility, give street and number) 17208 N. ATLAS ROAD		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE RATHDRUM, IDAHO, 83858		22. COUNTY OF DEATH KOOTENAI		
MORTICIAN: Complete Within 72 Hours of Death		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 20, 2024		24. TIME OF DEATH (24hr) 07:34		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 20, 2024		
MORTICIAN: Complete Within 72 Hours of Death		26. TIME PRONOUNCED DEAD (24hr) 07:34		27. CAUSE OF DEATH PART I: Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or convulsions without showing the etiology. DO NOT ABBREVIATE. Enter only one cause at a time. SYSTOLIC HEART FAILURE DUE TO (or as a consequence of) CORONARY ARTERY DISEASE DUE TO (or as a consequence of) [REDACTED]				
MORTICIAN: Complete Within 72 Hours of Death		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unk/unk		29. IF FEMALE (Aged 12-54): <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 to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		30. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
MORTICIAN: Complete Within 72 Hours of Death		31. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
MORTICIAN: Complete Within 72 Hours of Death		33. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		34. TIME OF INJURY (24hr) [REDACTED]		35. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.) [REDACTED]		
MORTICIAN: Complete Within 72 Hours of Death		36. LOCATION OF INJURY State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable				
MORTICIAN: Complete Within 72 Hours of Death		38. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		39. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		40. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?		
MORTICIAN: Complete Within 72 Hours of Death		39a. CERTIFIER (check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE		39b. LICENSE NUMBER M-17008		39c. DATE SIGNED 08 / 20 / 2024		
MORTICIAN: Complete Within 72 Hours of Death		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ELECTRONICALLY FILED: LEAH J. JONES		40a. DATE SIGNED 08 / 20 / 2024				
MORTICIAN: Complete Within 72 Hours of Death		40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 08 / 20 / 2024				
MORTICIAN: Complete Within 72 Hours of Death		40c. REGISTRAR'S NAME JAMES B. AYDELOTTE		CASE#: 2765				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **AUG 22 2024**

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

James B. Aydelotte
JAMES B. AYDELOTTE,
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL DOCUMENT

This certified copy of an Idaho death record was issued by Panhandle Health District on behalf of the State of Idaho Bureau of Vital Records and Health Statistics.

Marybeth Lee
Local Registrar

