



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: April 26, 2021

FROM: Glen Klinkhart, Director

RE: #1179 The Turtle Club

**Requested
Action:**

Request to allow operations on May 1, 2021.

**Statutory
Authority:**

AS 04.11.030(a): "The executor or administrator of the estate of a person who was operating a business as a sole licensee under a license authorized by this title may continue to operate the licensed business until an application for transfer of a license to another person is approved or until the license is forfeited under (b) of this section."

AS 04.11.030(b): "If an application for the transfer of ownership of a license from a deceased licensee is not made within 90 days of the death of the licensee or within an additional 90 days if an application for transfer of ownership made by the executor is denied, or no petition is made to the board for an extension of time under (c) of this section within the time, the license is forfeited."

AS 04.11.030(c): "The board may extend the time limits in (b) of this section on petition of the executor or administrator."

Background: On October 19, 2020 sole licensee, Greta Lindley, passed away. The transfer of controlling interest application has been submitted to the AMCO office for review on March 26, 2021. Counsel for the Personal Representative, Roger Curtiss, is requesting permission from the ABC Board to begin/continue operating the license on May 1, 2021.

Attachments: Licensee request
Letters Testamentary
Statement of Informal Probate of Will and Appointment of Personal Representative
Redacted Death Certificate

THE LAW OFFICES OF ERNOUF & COFFEY

*A PROFESSIONAL CORPORATION
P.O. Box 212314
Anchorage, Alaska 99521
(907) 274-3385*

January 13, 2021

Mr. Glen Klinkhart
Alcohol & Marijuana Control Office
550 West 7th Avenue
Suite 1600
Anchorage, Alaska 99501
VIA EMAIL

**Re: *Turtles, Inc.*
d.b.a. Turtle Club
Beverage Dispensary #1179
*Death of Licensee***

Dear Glen:

I am writing this letter on behalf of my client Turtles, Inc. which operates the Turtle Club.

Please be advised that the sole licensee Greta Lindley passed away on October 19, 2020. Her son Roger Curtiss has gone through the process of Probate court and been appointed the personal representative of her estate. Please find attached copies of the Death Certificate, Letters Testamentary, and Statement of Informal Probate for the license file.

Roger is in the process of transferring the license via a stock transfer to himself and the manager of the business. We will be filing the transfer application within the next month.

My client and I are available at any time to discuss this matter with you further should you feel such a discussion is necessary. Thank you for your time and courtesy in this regard.

Sincerely yours,
By: s/ W. Sherman Ernouf

cc: Client

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT


In the Matter of the Estate)
)
 of)
)
 GRETA MARIE LINDLEY,)
)
 Deceased.)

Case No. 4FA-20-00545 PR/E

LETTERS TESTAMENTARY

The will of Greta Marie Lindley having been admitted to probate, Roger A. Curtiss is appointed personal representative of the estate.

December 22, 2020
Date



Registrar/Superior Court
Judge
John C. Brainerd
Standing Master

ACCEPTANCE

I, Roger A. Curtiss, accept the duties and promise to perform the duties as required by law of the office of personal representative of the estate of Greta Marie Lindley. I acknowledge my duty as personal representative to:

(a) take possession and control of decedent's property as required by AS 13.16.380, determine the liabilities of the estate, and complete an inventory as required by AS 13.16.365;

(b) provide notice to heirs and devisees as required by AS 13.16.360;

(c) provide notice to creditors as required by law, publish notice when required, and review and either accept or reject claims as required by AS 13.16.455-.515, except as provided by AS 13.16.690;

(d) advise the court in writing of my address and telephone number as required by Probate Rule 8;

(e) file returns for state estate taxes, if required by AS 43.31.121, and AS 43.31.250;

(f) pay homestead, exempt property and family allowances as required by AS 13.12.401-.405, costs of

LODGED

NOV 30 2020

CAVALIERE LAW FIRM, LLC
P.O. Box 80288
Fairbanks, Alaska 99708
mike@cavalierelawfirm.com
Tel. (907) 374-0516
Fax. (888) 283-8996

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administration and other claims as required by AS 13.16.470, and distribute the assets of the estate; and

(g) close the estate as soon as appropriate as required by AS 13.16.620-.670.

No bond is required to be filed.

Nov 12, 2020
Date

Roger A. Curtiss
Roger A. Curtiss
1609 Person Court
Fort Collins, Colorado 80525
(970) 690-0928

VERIFICATION

I, Roger A. Curtiss, being first duly sworn, upon oath, depose and state as follows:

I am the person named above; I have read the foregoing document and understand the contents thereof; I have executed it freely and voluntarily for the uses and purposes set forth therein; and, I verify that the same is true of my own knowledge and belief.

Roger A. Curtiss
Roger A. Curtiss

SUBSCRIBED AND SWORN to, before me, on this day,
12th day of November, 2020.

Kaitlyn Cozzman
Notary Public in and for
Colorado
My Commission Expires: 06/02/2024

**KAITLYN COSSMAN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20204019225
MY COMMISSION EXPIRES 06/02/2024**

I certify that on 12/28/20
copies of this form were sent to:
M. Cavajzre
(1 cert)
CLERK: KLP

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT

In the Matter of the Estate)
)
 of)
)
GRETA MARIE LINDLEY,)
)
 Deceased.)
)

Case No. 4FA-20-00545 PR/E

STATEMENT OF INFORMAL PROBATE OF WILL
AND APPOINTMENT OF PERSONAL REPRESENTATIVE

The Registrar makes the following findings based upon the application of Roger A. Curtiss for informal probate of the last will of Greta Marie Lindley and appointment of personal representative:

1. The application appears to be complete and contains the applicant's oath or affirmation that the statement contained therein are true to the best of the applicant's knowledge and belief.
2. The applicant is an interested person.
3. Decedent died on October 19, 2020, at the age of 85. At least 120 hours have elapsed since decedent's death.
4. Decedent was domiciled in Fairbanks, Alaska, at the time of death.
5. Venue is proper because decedent was domiciled in this judicial district at the time of death.
6. The time for appointment of a personal representative has not expired.
7. A personal representative has not been appointed

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in this or any other judicial district of the state and neither this will nor any other will of the decedent has been the subject of a previous probate order.

8. Decedent executed a will on December 12, 2018. The original of this will is in the Registrar's possession.


9. The person whose appointment is sought has priority for appointment as personal representative.

10. No bond should be required because the decedent waived bond in ARTICLE III(D) on page 3 of her will.

11. Any notice required by the laws of this state has been given.

Therefore, it is ordered that the will is admitted to informal probate. It is also ordered that Roger A. Curtiss is appointed personal representative of decedent's estate. Letters testamentary will be issued upon qualification.

December 22, 2020
Date


Registrar

John C. Brainerd
Standing Master

I certify that on 12/23/20
copies of this form were sent to:

M. Cavaliere

CLERK: KCF

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STATE OF ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS
P.O. Box 110675, Juneau, AK 99811-0675



DATE FILED **10/28/2020**

CERTIFICATE OF DEATH STATE FILE NO. **2020003593**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) GRETA MARIE LINDLEY				2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE-Last Birthday (Years) 85		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YY) [REDACTED]	
6. BIRTHPLACE (City and State or Foreign Country) IONE, WASHINGTON				7a. RESIDENCE-STATE ALASKA			
7b. COUNTY FAIRBANKS NORTH STAR				7c. CITY OR TOWN FAIRBANKS			
7d. STREET AND NUMBER 1067 OLD STEESE HWY N				7e. APT No.		7f. ZIP CODE 99712	
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
9. MARITAL STATUS AT TIME OF DEATH WIDOWED				10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last) ERIC ALDEN				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) ALMA			
13a. INFORMANT'S NAME ROGER ALDEN CURTISS				13b. RELATIONSHIP TO DECEDENT SON		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1609 PERSON COURT FORT COLLINS, COLORADO 80525	
14. DECEDENT'S EDUCATION: 3. HIGH SCHOOL GRADUATE OR GED				15. DECEDENT'S RACE: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____		16. DECEDENT'S USUAL OCCUPATION OWNER	
15. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a)				16. DECEDENT'S USUAL OCCUPATION OWNER		18. KIND OF BUSINESS OR INDUSTRY RESTAURANT	
19. PLACE OF DEATH: RESIDENCE				20. FACILITY NAME (If not institution, give street & number) 1067 OLD STEESE HWY N		21. CITY OR TOWN, STATE AND ZIP CODE FAIRBANKS, ALASKA 99712	
22. COUNTY OF DEATH FAIRBANKS NORTH STAR				23. 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) _____		24. PLACE OF DISPOSITION: LEGACY CREMATORY	
25. LOCATION - CITY, TOWN AND STATE FAIRBANKS, AK				26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY CHAPEL OF CHIMES FUNERAL HOME 415 ILLINOIS STREET FAIRBANKS, ALASKA 99701			
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) RICHARD O. WORLAND III				28. LICENSE NUMBER (Of Licensee) 309			
29. DATE PRONOUNCED DEAD (MM/DD/YY) 10/19/2020		30. TIME PRONOUNCED DEAD 13:10		31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		32. LICENSE NUMBER	
33. DATE SIGNED (MM/DD/YY)		34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) 10/19/2020		35. ACTUAL OR PRESUMED TIME OF DEATH 13:10		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. PART I. CAUSE OF DEATH a. ACUTE ISCHEMIC CEREBROVASCULAR ACCIDENT Due to (or as a consequence of): _____ b. ATRIAL FIBRILLATION Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____				Approximate Interval: Onset to death 5 DAYS 10 YEARS			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause CHRONIC MYELOGENOUS LEUKEMIA; COVID-19 VIRAL PNEUMONIA (ONE MONTH PRIOR)				38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. DID TOBACCO USE CONTRIBUTE TO DEATH? N		41. IF FEMALE (PREGNANCY STATUS) 8. NOT APPLICABLE.		42. MANNER OF DEATH NATURAL CAUSES			
43. DATE OF INJURY (MM/DD/YY)		44. TIME OF INJURY		45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)			
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)				46. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
48. DESCRIBE HOW INJURY OCCURRED:				49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____			

50a. CERTIFIER: **CERTIFYING PHYSICIAN**
50b. NAME OF CERTIFIER (SIGNATURE ON FILE) **KENDRICK D BLAIS**
51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
1867 AIRPORT WAY, SUITE 410A FAIRBANKS AK 99701
52. LICENSE NUMBER **2292**
53. DATE CERTIFIED (MM/DD/YY) **10/24/2020**

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **October 28, 2020**

Clint J. Farr
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

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