



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: June 11, 2021

FROM: Carrie Craig, RLS

RE: Market Basket Inc.

**Requested  
Action:**

Request to allow continued operations by the personal representative.

**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 February 27, 2020 Rudolf Gavora, who held the majority interest in the corporation, passed away. Transfer applications have not yet been submitted to AMCO for review but are in process. Counsel for the Personal Representative, Daniel Gavora, is requesting permission from the ABC Board to continue operating the six licenses owned by the corporation during the transfer process.

Attachments: Licensee request  
Letters Testamentary  
Redacted Death Certificate

# **THE LAW OFFICES OF ERNOUF & COFFEY**

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

May 20, 2021

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

**Re: Market Basket, Inc.  
Package Store #71 Ester gas  
#68 Hot Springs Gas  
#435 Garden Island Party Store  
#703 Gavora's Fine Wine  
#1134 Thrifty Liquors  
#4663 Badger Gas  
Death of Licensee**

Dear Glen:

I am writing this letter to clarify my previous letter to you on behalf of my client Market Basket, Inc. which operates the aforementioned liquor licenses in Fairbanks.

Please be advised that one of the licensees, Mr. Rudolf Gavora, passed away on February 27, 2020. His brother, Daniel Gavora, has gone through the process of probate and has been appointed the personal representative of his estate. Please find attached hereto copies of the Death Certificate and Letters of Testamentary for the license file.

Daniel is in the process of transferring the deceased's interest in the licenses via a stock transfer. This office will be filing the transfer applications within the next month. Daniel would like to continue to operate the licenses until the stock transfers are complete.

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  
Attachments

In the Matter of the Estate  
of  
RUDOLF LEE GAVORA,  
Deceased.

## LETTERS TESTAMENTARY

April 6, 2020  
Date

## ACCEPTANCE

(f) pay homestead, exempt property and family allowances as required by AS 13.12.401-.405, costs of administration and other claims as required by AS 13.16.470,

LODGED  
MAR 26 2020

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

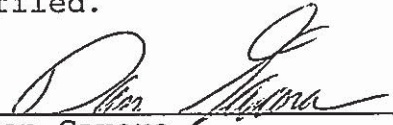


and distribute the assets of the estate; and

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

No bond is required to be filed.

3/25/2020  
Date

  
Dan Gavora  
P.O. Box 70021  
Fairbanks, Alaska 99707  
(907) 455-1549


VERIFICATION

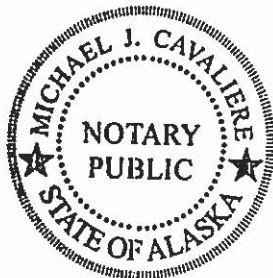
I, Dan Gavora, being first duly sworn, upon oath, depose and state as follows:

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.

  
Dan Gavora

SUBSCRIBED AND SWORN to, before me, on this day,  
3/25, 2020.

  
Notary Public in and for  
Alaska  
My Commission Expires: 11/23/2023



I certify that on 4.13.2020  
copies of this form were sent to:  
Cavaliere (cert) KLP  
Clerk:



# 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  
**CERTIFICATE OF DEATH**

DATE FILED 03/11/2020

STATE FILE NO. 2020000698

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>RUDOLF LEE GAVORA</b>				2. SEX <b>Male</b>		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE-Last Birthday (Years) <b>61</b>		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	
6. BIRTHPLACE (City and State or Foreign Country) <b>Fairbanks, ALASKA</b>							
7a. RESIDENCE-STATE <b>Alaska</b>		7b. COUNTY <b>Fairbanks North Star</b>		7c. CITY OR TOWN <b>Fairbanks</b>			
7d. STREET AND NUMBER <b>2810 Misty Flords Court</b>				7e. APT. No. [REDACTED]		7f. ZIP CODE <b>99712</b>	
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 <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) [REDACTED]							
11. FATHER'S NAME (First, Middle, Last) <b>VLADIMIR PAUL GAVORA</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>DONNA LEE TIGHE</b>			
13a. INFORMANT'S NAME <b>NICHOLAS P GAVORA</b>				13b. RELATIONSHIP TO DECEDENT <b>Son</b>			
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>PO Box 73023 Fairbanks, Alaska 99707</b>							
14. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)				15. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino(a). Check the "No" box if the decedent is not Spanish / Hispanic / Latino(a). <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) Specify: _____			
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <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) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____							
17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) <b>Business Owner</b>				18. KIND OF BUSINESS OR INDUSTRY <b>Retail And Realstate</b>			
19. PLACE OF DEATH (Check only one.) <input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify): _____							
20. FACILITY NAME (If not institution, give street & number) <b>Fairbanks Memorial Hospital</b>				21. CITY OR TOWN, STATE AND ZIP CODE <b>Fairbanks, Alaska 99701</b>			
22. COUNTY OF DEATH <b>Fairbanks North Star</b>							
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 (Name of cemetery, crematory, other place) <b>Blanchard Family Funeral Home</b>			
25. LOCATION - CITY, TOWN AND STATE <b>Fairbanks, AK</b>				26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Blanchard Family Funeral Home 611 Noble Street Fairbanks, Alaska 99701</b>			
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) <b>Kelth Blanchard</b>				28. LICENSE NUMBER (Of Licensee) [REDACTED]			
29. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>02/27/2020</b>				30. TIME PRONOUNCED DEAD <b>12:26</b>			
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) <b>CALDWELL STEVEN</b>				32. LICENSE NUMBER <b>125847</b>			
33. DATE SIGNED (MM/DD/YYYY) <b>03/08/2020</b>							
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) <b>02/27/2020</b>				35. ACTUAL OR PRESUMED TIME OF DEATH <b>12:26</b>			
36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
37. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events on a line. Add additional lines if necessary. <b>NATURAL DUE TO CARDIAC ARREST</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				Approximate Interval: Onset to death: <b>Unknown</b>			
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 checked="" type="checkbox"/> No			
40. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				41. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within past year			
42. MANNER OF DEATH <input checked="" 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							
43. DATE OF INJURY (MM/DD/YYYY)		44. TIME OF INJURY		45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)							
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"/> Other (Specify): _____							
50a. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician - to the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
50b. NAME OF CERTIFIER (SIGNATURE ON FILE) <b>STEVEN CALDWELL</b>				ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37) <b>1650 Cowles Street Fairbanks AK 99701</b>			
52. LICENSE NUMBER <b>125847</b>				53. DATE CERTIFIED (MM/DD/YYYY) <b>03/08/2020</b>			

To Be Completed/Verified By:  
FUNERAL DIRECTOR

To Be Completed By:  
MEDICAL CERTIFIER

001671718

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 **MARCH 11, 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.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE