



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: October 25, 2021

FROM: Carrie Craig, RLS

RE: #96 dba Basin Liquor

**Requested
Action:**

Request to allow continued operations by the executor.

**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."

3 AAC 304.215

"(a) Upon the death of an individual who is the sole owner of a license or the sole owner of the licensed entity, the business operating the license shall cease operation unless and until an administrator or executor of the estate files with the director written proof of

- (1) the administrator or executor's authority to act on behalf of the licensee or the estate of the deceased; and
- (2) a written request to continue operations.

(b) Upon the director's validation of the administrator or executor's authority and conclusion that the director has not filed or will not file an accusation seeking suspension or revocation of the license, the director will grant permission to operate the business upon the licensed premises as permitted under AS 04.11.030. That permission expires upon

- (1) legal appointment of a different administrator or executor of the estate;
- (2) approval of an application for transfer of the license submitted in accordance with 3 AAC 304.175; or
- (3) license forfeiture in accordance with AS 04.11.030(b).

(c) An application for transfer of the license from the deceased licensee must

be made in compliance with the time limitations set out in AS 04.11.030(b). Failure to do so forfeits the licensee, unless the board approves a written request from the administrator or executor to extend the applicable deadline. A written request to extend the applicable deadline must be submitted before the expiration of applicable deadline, unless the board approves a request submitted after the deadline for good cause and the licensee is still available for transfer.

(d) In this section, “administrator or executor” includes an agent or personal representative within the meaning given in AS 13.06.050.”

Background: On August 31, 2021 Bonnie Wilson, who is the sole licensee, passed away. A transfer application was submitted to AMCO on October 7, 2021 and is currently in the queue for review. Leslie Corless, Executor of Ms. Wilson’s estate, is requesting permission from the ABC Board to continue operating during the transfer process.

Attachments: Executor’s request
 Will and Testament
 Codicil to Will
 Verification of Death
 Burial Permit

To: Alcohol and Marijuana Control Office

My name is Leslie Corless and I am the executor of the decedent Bonnie L Wilson. I have attached the last will and testament naming myself as the executor and a letter from legacy Funeral Home.

I am requesting approval to continue operations for this license as well as a time extension to complete the transfer application.

#96 Package Store

Bonnie L Wilson

Basin Liquor

Glennallen Alaska 99588

Thank you

Leslie Corless

907-259-5533

**LAST WILL AND TESTAMENT
OF**

I, Bonnie Lorraine Wilson, of Glennallen Alaska, revoke any and all former Wills and Codicils (if applicable) and declare this to be my Last Will and Testament.

**ARTICLE I
IDENTIFICATION OF FAMILY**

I am married to N/A and all references in this Will to "my spouse" are references to N/A.

The names of my children are TODD J. Wilson. All references in this Will to "my children" are references to the above-named children.

**ARTICLE II
PAYMENT OF DEBTS AND EXPENSES**

I direct that my debts, funeral expenses and expenses of last illness be first paid from my estate.

**ARTICLE III
DISPOSITION OF PROPERTY**

A. Specific Bequests. I direct that the following specific bequests be made from my estate.

1. All Property And Assets shall be distributed to TODD J Wilson. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

2. My remaining tangible personal property shall be distributed to TODD J Wilson. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

B. Residuary Estate. I direct that my residuary estate be distributed to my spouse. If my spouse does not survive me, my residuary estate shall be distributed to my children in equal shares. If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other children, if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased children are survived by children, my residuary estate shall be distributed to TODD J Wilson. If such beneficiary does not survive me, my residuary estate shall be distributed to the following beneficiaries in the percentages as shown:

100 % to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of ALASKA, then in effect, as if I had died intestate at the time fixed for distribution under this provision.

NA % to my spouse's heirs-at-law, their identities and respective shares to be determined under the laws of the State of NA, then in effect, as if my spouse had died intestate at the time fixed for distribution under this provision.

100 - Percent Total

ARTICLE IV

NOMINATION OF EXECUTOR

I nominate Leslie Corless, of Glennallen Alaska, as the Executor, without bond or security.

ARTICLE V

EXECUTOR POWERS

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone. This property shall be sold for no less than 80% of the current market value.

My Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VI

MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions of the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith. No successor trustee shall be obliged to inquire into or be in any way accountable for the previous administration of the trust property.

C. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this 15th day of June 2021.

Testator Signature: Bonnie L Wilson

We, the undersigned, hereby certify that the above instrument, which consists of 3 pages, including this page which contain the witness signatures, was signed in our sight and presence by Bonnie Lorraine Wilson (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Michael J. Felber
Name: Michael J FELBER
City: Glennallen
State: AK

Witness Signature: _____
Name: _____
City: _____
State: _____

AFFIDAVIT

I, Bonnie Lorraine Wilson, the Testator, sign my name to this instrument this 15th day of June, 2021, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: Bonnie L Wilson

NOTARY ACKNOWLEDGMENT

County/Parish of _____ }

State of ALASKA }

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this 15th day of June, 2021 personally appeared the Testator, known as Bonnie L. Wilson [Testator's Name], of this Codicil and acknowledged the foregoing to be (his/her) free act and deed, before me.

Notary Public Signature *Karen Hoefl*

Print Name KAREN HOEFL

My Commission Expires: 6-25-2023

(Seal)



CODICIL TO WILL OF

I, Bonnie L. Wilson, with a mailing address of PO Box 316 City of Glennallen, State of Alaska ("Testator") create this Codicil to my Last Will dated the 15 day of June, 2021 ("Last Will"). I hereby republish and declare said Last Will as amended by this Codicil to be my Last Will.

I. Declaration. I hereby declare the following amendments in this Codicil:

All Personal Property and Total Estate be willed to
Todd J. Wilson - Son - of Glennallen Alaska.

Leslie Colless of Glennallen Alaska TO BE NAMED EXECUTOR
of my Estate - All others shall be REVOKED.

II. Terms. All other terms, conditions, statements, and requests of the Last Will shall remain in effect. In every respect, I hereby ratify, reaffirm and republish my Last Will dated the 15 day of June, 2021.

IN WITNESS whereof I, the Testator, have authorized this Codicil on the undersigned date and in the presence of Two (2) Witnesses Two (2) Witnesses and a Notary Public.

Testator's Signature Bonnie L. Wilson Date 6-15, 2021

Print Name Bonnie L. Wilson

I declare, as Witness, the Testator executed this Codicil in my presence.

Witness Signature Michael J. Felber Date 06-15, 2021

Print Name Michael J. FELBER

I declare, as Witness, the Testator executed this Codicil in my presence.

Witness Signature NA Date NA, 20

Print Name NA

NOTARY ACKNOWLEDGMENT

County/Parish of _____ }

State of ALASKA }

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this 15th day of June, 2021 personally appeared the Testator, known as Bonnie L. Wilson [Testator's Name], of this Codicil and acknowledged the foregoing to be (his/her) free act and deed, before me.

Notary Public Signature

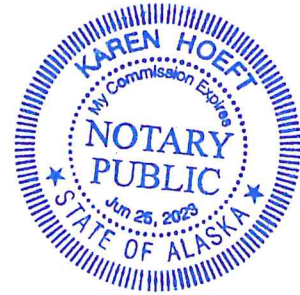
Karen Hoefl

Print Name

KAREN Hoefl

My Commission Expires:

6-25-2023



(Seal)

Verification of Death

To Whom It May Concern:

This letter is to verify the Death of **Bonnie Wilson** who passed away on **8/31/2021** in Glennallen, Alaska. Legacy Funeral Homes, Wasilla Heritage Chapel is filing the death certificate at this time. Please use this letter to assist the family with any problems that may arise while waiting for the death certificate. The death certificate can take anywhere from 8 to 10 weeks to file with the State of Alaska or longer. If there are any questions concerning the detail of the funeral services, you may contact us at the number listed below.

To the airline: Please make available any discounts offered to those who must fly during such an unfortunate time. Also, please accommodate the family with seating.

To employers: Please accept this as verification that above-named employee will be attending a funeral held on TBA.

To Governments: Please assist family with Visa issues, you can call me to verify death information.

Your cooperation is most appreciated at this time.





**Alaska Bureau of Vital Statistics
PO Box 110675
Juneau, Alaska 99811-0675**



Permit Number 2021031395		BURIAL - TRANSIT PERMIT		BVS Use Only	
Full Name of Deceased (First, Middle, Last) BONNIE LORRAINE WILSON			Maiden Name HANSON	Death SFN	
Race WHITE		Age 86 YEARS	Date of Death (MM/DD/YYYY) 08/31/2021	Place of Death MILE POST 182 GLENN HIGHWAY	
Name of Funeral Home or Person Requesting Permit LEGACY HERITAGE WASILLA CHAPEL			Mailing Address 1015 S CHECK STREET, WASILLA, ALASKA 99654		
Transportation of Body (if applicable)					
From (city, town or location):			To (city, town or location):		
Disposition of body by: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other _____					
Name of cemetery, crematory or physical address: LEGACY HERITAGE WASILLA CHAPEL			Located at (city, town, or location and state) WASILLA, AK		
I do hereby certify that arrangements have been or will be made to complete a death certificate for the above decedent as required by the laws of Alaska.					
Signature of Requestor <i>Debra Cheney</i>		Printed Name of Requestor CHENEY, DEDRA		Date (MM/DD/YYYY) 09/27/2021	Telephone Number (907) 373-3840
Permission is hereby given to dispose of the body of the deceased as indicated above.					
Signature of State Registrar or other person authorized to issue permit: <i>Rebecca W. Tolpe</i>			Title STATE REGISTRAR	Date (MM/DD/YYYY) 09/27/2021	
Authorized disposition as stated above occurred on (MM/DD/YYYY):			Signature of sexton or person in charge of disposition:		

VS 121

INSTRUCTIONS

Rev. 02/2013

PREPARER: The Bureau of Vital Statistics assumes the responsibility to confirm that a death certificate has been filed as required by statute and/or to contact the requestor shown on the front of this document in the absence of a death certificate.

CONTACT MEDICAL EXAMINER: Alaska law requires the state medical examiner to investigate the circumstances and determine the cause and manner of death when: 1. a person of apparent good health dies suddenly, 2. the person was not under a physicians care, 3. the death is suspicious, unusual or unexplained, 4. the death is a result of violence, or 5. the death is unlawful or due to criminal neglect. In any of the above circumstances a Burial-Transit Permit may not be issued, nor may be the body be moved or molested without permission from the state medical examiner. The medical examiner's office may be contacted at (907) 334-2200.

PERMIT NUMBER: This field is not mandatory

FUNERAL DIRECTOR: The burial-transit permit is required for any manner of disposition of a dead body or fetus including interment, storage, cremation and transportation. (For movement out of the state; for any shipment by common carrier; or for final disposition in any public or other organized burial ground, vault or crematory; a burial-transit permit shall be a prerequisite in case of a fetus, irrespective of the length of gestation.)

TRANSPORTATION OF BODY: When used as a transit permit for transportation by common carrier, this permit should be enclosed in a strong envelope attached to the shipping case. A Burial-Transit Permit is not required in order to transport a body to the state medical examiner or the state medical examiner's designee.

DEATH CERTIFICATE: Do not send the death or fetal death certificate with the body or fetus. It should be mailed to the address shown on the front of this permit or delivered to the Bureau of Vital Statistics office located in Anchorage, Fairbanks, or Juneau.

SEXTON: It is unlawful for any sexton or other person in charge of a burial place to permit final disposition of a dead body or fetus unless accompanied by a burial-transit permit. (A permit issued in another state or Canada is acceptable in Alaska.)

ROUTING OF PERMIT: A copy of this permit must accompany the body until its final disposition. It must be endorsed and retained permanently in the files of the sexton or other person in charge of the burial place. Where there is no such authority, it must be endorsed by the person in charge of the burial and then forwarded to the Bureau.

A copy of this permit must be forwarded to the Bureau of Vital Statistics at the address shown on the permit.

Copies may also be faxed to (907) 465-3423 or emailed to BVSRegistration@alaska.gov.