

THE LAW OFFICES OF ERNOUF & COFFEY

*A PROFESSIONAL CORPORATION
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March 5, 2024

Ms. Joan Wilson
Alcohol & Marijuana Control Office
550 West 7th Avenue
Suite 1600
Anchorage, Alaska 99501
VIA EMAIL

**Re: *Viviane Trimble and Nicholas
Trimble
d.b.a. Fort Seward Lodge
Beverage Dispensary Tourism
#2791
Death of Licensee***

Dear Joan:

I am writing this letter on behalf of my client Nicholas Trimble who operates the Fort Seward Lodge.

Please be advised that the 50% licensee Viviane Trimble passed away on February 25, 2023. Her sons Nicholas Trimble (50% owner) and Chris Trimble have gone through the process of Probate court in New Jersey where Viviane resided and have been appointed the personal representatives of her estate. Please find attached copies of the Death Certificate and the Executor Certificate for the license file.

We are currently in the process of transferring the license to a new Limited Liability Company owned by the brothers. 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

Docket #: 23-00951
Date: May 30, 2023

State of New Jersey Mercer County Surrogate's Court


In the Matter of the Estate of
Viviane Trimble
a/k/a **Viviane Thomas Trimble**, Deceased



**EXECUTOR
SHORT CERTIFICATE**

I, **Diane Gerofsky**, Surrogate, do hereby certify that the Last Will and Testament of the above named Decedent, late of the County of **Mercer** and State of **New Jersey**, was admitted to Probate by the Surrogate of **Mercer** County, on **May 30, 2023**, and that Letters Testamentary were issued to **Christopher Thomas Trimble and Nicholas M. Trimble**, the **Co-Executors** named therein, who are duly authorized to take upon themselves the administration of the estate of said testator according to law and the terms of the said Last Will and Testament and said Letters Testamentary have never been revoked and still remain in full force and effect.

WITNESS my hand and seal of office, this
30th day of May, 2023.



Diane Gerofsky, Surrogate

NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
20230011389

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Viviane Trimble		LIMB ONLY <input type="checkbox"/>	
1b. Also Known As (AKA), if Any (First, Middle, Last, Suffix)			
2. Sex Female	4a. Age 84 Years		
6. Birthplace (City & State or Foreign Country) Paris, France			
7a. Residence-State New Jersey	7b. County Mercer	7c. Municipality/City Princeton	
7d. Street and Number [REDACTED]		7e. Apt No.	7f. Zip Code 08540
		7g. Inside City Limits? Yes	
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War:	8c. War Service Dates (From/To):	
9. Domestic Status at Time of Death Divorced		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)	
11. Father's Name (First, Middle, Last) Leonard M Thomas			
12. Mother's Name Prior to First Marriage (First, Middle, Last) Yvonne Navello			
13a. Name of Informant Christopher Trimble		13b. Relationship to Decedent Son	
13c. Mailing Address (Street and Number, City, State, Zip Code) [REDACTED]			
14. Method of Disposition Cremation	15. Place of Disposition (name of cemetery, crematory, other) Bucks County Crematory	16. Location- City & State/Foreign Country Levittown, Pennsylvania United States	
17. Name and Complete Address of Funeral Facility Mather-Hodge Funeral Home, 40 Vandeventer Ave., Princeton, NJ 08542			
18. Electronic Signature of Funeral Director Amanda Snyder		19. NJ License Number 23JP00521500	
20. Decedent Education Bachelor's degree (BA, AB, BS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino	22. Decedent Race White
23. Occupation of Decedent (Type of work done most of life, even if retired) Opera Singer		24. Kind of Business/Industry Entertainment	
25. Name and Address of Last Employer Vassar College, NY			
26. Date Pronounced Dead (Mo/Day/Yr) 02/25/2023		28. Name of Person Pronouncing Death Kellie Swanson	
27. Time Pronounced Dead (24-hr) 0620	29. License Number 26NR11257000	30. Date Signed (Mo/Day/Yr) 02/25/2023	
31. Date of Death (Mo/Day/Yr) 02/25/2023	32. Time of Death (24-hr) 0620	33. Was Medical Examiner Contacted? No	34. Place of Death Decedent's Home
35a. Facility Name (if not institution, give street and number) 52B Patton Avenue			
35b. Municipality Princeton		35c. County Mercer	
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently 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.			
Immediate Cause a. Probable Aspiration Pneumonia		Interval Between Onset and Death few hours	
Due to (or as a consequence of): b. Chronic Dysphagia		several years	
Due to (or as a consequence of): c.			
Due to (or as a consequence of): d.			
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.		37. Was an Autopsy Performed? No	
		38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)	42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	43c. County
			43d. State
44. Describe How Injury Occurred			45. If Transportation Injury:
46. Manner of Death Natural	47. Did Decedent Have Diabetes? No	48. Did Tobacco Use Contribute to Death? No	49. If Female, Pregnancy State Not applicable
50. Certifier Type Certifying Physician or APN		51. Name, Address, and Zip Code of Certifier David R Barile 49 Humbert Street, Princeton, NJ 08542	
52. Electronic Signature of Certifier David R Barile		53. License Number 25MA08034700	54. Date Certified (Mo/Day/Yr) 02/26/2023
55. Electronic Signature of Local Registrar Barbara Reeder		56. District No. V1145	57. Date Received 02/27/2023
			Case ID Number 2456882

Record Contains Amendment

DATE ISSUED: **February 28, 2023**
ISSUED BY:
New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied from a record on file in my office.
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Tiffany Drennon
Tiffany Drennon
Acting State Registrar
Office of Vital Statistics and Registry



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

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