THE LAW OFFICES OF ERNOUF & COFFEY

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

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: <u>s/ W. Sherman Ernouf</u>

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testator according to law and the terms of the said Last Will and Testament and said Letters Testamentary have never been revoked and still remain in full force and effect.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

Viviane Trimble									
b. Also Known As (AKA), If Any (First, Middle, L	ast, Suffix)							
2. Sex Female			4a. Age 84 Years						
8. Birthplace (City & Starter Group) Paris, France	ooundy)								
7a. Residence-State	7b. Count	y		7c. N	funicipality/	City			
New Jersey 7d. Street and Number	ew Jersey Mercer Street and Number				Princeton				
2000			7e. Apt No.		7f. Zip Code 08540			7g. Inside City Limits' Yes	
Ba. Ever in US Armed Forces? No	8b. If Yes,	Name of Wa	ar.	8c, V	Var Service	Dates (F	rom/To):	197	6.5
Domestic Status at Time of Deal Divorced	th	10, Name	of Surviving Spou	se/Partner	(Name give	en at birth	or on birth	certifica	(e)
11. Father's Name (First, Middle, L	.ast)						1000000	The same	
2. Mother's Name Prior to First M	arriana (Firet	Middle Leet	9						
Yvonne Navello	arrage trinat,	micule, Last,							
3a. Name of Informant Christopher Trimble							13b. F Son		hip to Decedent
3c. Mailing Address (Street and N	lumber City, S	itate, Zip Coo	de)			# Y	1 301		
4. Method of Disposition 15.	Place of Dispo	osition (name	of cemetery, cren	natory, other	er)	16. Loc	cation- City	& State/F	Foreign Country
	ucks County						town, Pennsy		
7. Name and Complete Address of	of Funeral Faci	lity				Levis	iown, rennsy	ovania un	ned States
Mather-Hodge Funeral Home, 8. Electronic Signature of Funeral	40 Vandevent	er Ave., Prin	nceton, NJ 08542					I	
Amanda Snyder	01100								License Number 00521500
0. Decedent Education			21. Deced	ent of Hisp	anic Origin	?	22. De	cedent F	
Bachelor's degree (BA, AB, BS		11 3		nish / His	panic / Lat	ino	Whi	te	
 Occupation of Decedent (Type Opera Singer 	of work done	most of life, e	even if retired)		f Business/	Industry			
5. Name and Address of Last Emp	ployer			Enterta	inment			3	
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	au/Vrl	20 No.	no of Donney Donn						
	ay/Yr)		ne of Person Pron	ouncing De	eath				
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DATE ISS

ISSUED BY:

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

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 Acting State Registrar Office of Vital Statistics and Registry



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