



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: April 6, 2022

FROM: Carrie Craig, RLS

RE: #465 dba The Vallata, Inc.

**Requested  
Action:**

Request time extension to submit a transfer application and to allow continued operations.

**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 304.216

"(a) Upon the death of an individual who owns a controlling interest in a partnership, including a limited partnership, a limited liability company, or a corporation that holds a license under AS 04 and this chapter, the business entity may continue to operate the licensed business but shall file, not later than 90 days after the individual's death, a transfer application as required under AS 04.11.040 and 3 AAC 304.175 or a time extension request under (b) of this section. If a transfer application or time extension request is not filed by the 90-day deadline, the business shall cease operation until a transfer application is filed.

(b) Upon receipt of a time extension request, the board may grant an extension not to exceed one year. A written request to extend the applicable deadline must be submitted before the expiration of the applicable deadline, unless the board approves a request submitted after the deadline for good cause. Additional extensions may be granted by the board only for good cause."

**Background:** On December 6, 2021 Patricia Monaco-Galindez, 100% owner of the license, passed away. Thomas Monaco, surviving son, is requesting the ABC Board allow an extension to the 90-day time frame referenced in the above statutes and regulations. A specific time frame was not included in the request. A transfer application has not been submitted to AMCO for review.

Attachments: Letter of Request  
Letters Testamentary  
Certificate of Death

**THE LAW OFFICES OF ERNOUF & COFFEY**

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

March 4, 2022

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

**VIA EMAIL**

**Re: Vallata, Inc.  
d.b.a. The Vallata, Inc.  
Beverage Dispensary #465  
Death of Licensee**

Dear Glen:

I am writing this letter on behalf of my client Vallata, Inc. which operates The Vallata, Inc. in Fairbanks.

Please be advised that the sole licensee, Mrs. Patricia Monaco, passed away on December 6, 2021. Patricia's son, Thomas Monaco, has been appointed as the personal representative of her estate. Please find attached hereto copies of the Death Certificate and Letters of Testamentary for the license file.

The estate is in the process of transferring the license via a stock transfer to Mrs. Monaco's heirs. Therefore, I would request that this matter be placed on the April 2022 ABC Board meeting agenda for consideration and approval of continued operations pending the stock transfer.

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 SUPERIOR COURT FOR THE STATE OF ALASKA

FOURTH JUDICIAL DISTRICT

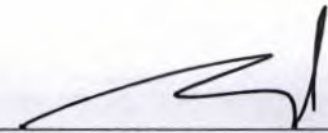
In the Matter of the Estate )  
 )  
 of )  
 )  
 PATRICIA LOUISE MONACO )  
 aka PATRICIA LOUISE MONACO-GALINDEZ, )  
 )  
 Deceased. )  
 )

Case No. 4FA-22- 00030 PR

**LETTERS TESTAMENTARY**

The will of Patricia Louise Monaco, also known as Patricia Louise Monaco-Galindez, having been admitted to probate, Thomas M. Monaco is appointed personal representative of the estate.

Date 1/24/22

Registrar 

Risa C. Leonard  
Standing Master

**ACCEPTANCE**

I, Thomas M. Monaco, accept the duties and promise to perform the duties as required by law of the office of personal representative of the estate of Patricia Louise Monaco, also known as Patricia Louise Monaco-Galindez. 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

AVERETT & HOLMES ATTORNEYS AT LAW LLC  
119 N. Cushman Street, Suite 400  
Fairbanks, Alaska 99701  
attorneys@averettholmes.com  
Tel. (907) 452-1700  
Fax (907) 374-1037

LOGGED

JAN 13 2022

telephone number as required by Probate Rule 8;

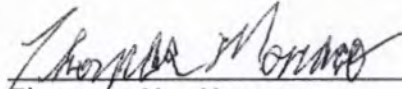
(e) file returns for state estate taxes, if required by AS 43.31.121, and AS 43.31.250;

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

Dated: January 12, 2022

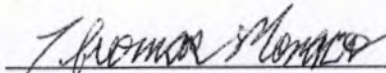


Thomas M. Monaco  
2190 Goldstream Road  
Fairbanks, Alaska 99709  
907-451-9404

**VERIFICATION**

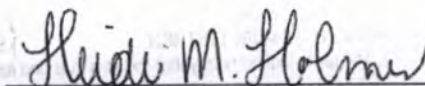
I, Thomas M. Monaco, being first duly sworn, upon oath, depose and state as follows:

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.



Thomas M. Monaco

SUBSCRIBED AND SWORN to, before me, on this 6<sup>th</sup> day of January, 2022.



Notary Public in and for Alaska  
My Commission Expires: 01/19/24

In the Matter of the Estate of Patricia Louise Monaco  
Letters Testamentary and Acceptance  
Page 2

I certify that on 1/12/22  
copies of this form were sent to:  
H. Holmes

CLERK H

AVERTT & HOLMES ATTORNEYS AT LAW LLC  
119 N. Cushman Street, Suite 400  
Fairbanks, Alaska 99701  
attorneys@averttholmes.com  
Tel. (907) 452-1700  
Fax (907) 374-1037



STATE OF ALASKA  
FOURTH JUDICIAL DISTRICT

)  
) SS

I, The undersigned certify that this is a true and full copy of Letters Testamentary Letters of Administration issued in the Trial Courts, Fourth Judicial District, State of Alaska and that the Personal Representative was appointed as such on the 24 day of January, 2022, at Fairbanks, Alaska in an informal proceeding. Witness my hand and the seal of the court this 26 day of January 2022, at Fairbanks, Alaska.

By [Signature]  
Probate Deputy 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



DATE FILED **12/14/2021** CERTIFICATE OF DEATH STATE FILE NO. **2021004687**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>PATRICIA LOUISE MONACO-GALINDEZ</b>			2. SEX <b>FEMALE</b>	3. SOCIAL SECURITY NUMBER [REDACTED]
4a. AGE-Last Birthday (Years) <b>82</b>	4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	4c. UNDER 1 DAY Months: Days: Hours: Minutes:	5. DATE OF BIRTH (MM/DD/YY) [REDACTED]	6. BIRTHPLACE (City and State or Foreign Country) <b>FARGO, NORTH DAKOTA</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>2190 GOLDSTREAM RD</b>		7e. APT. No.	7f. ZIP CODE <b>99709</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 <b>WIDOWED</b>		
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)				
11. FATHER'S NAME (First, Middle, Last) <b>ROBERT KENNETH HERMAN</b>		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) <b>GRACE EDNA HOGENSON</b>		
13a. INFORMANT'S NAME <b>TINA MONACO</b>		13b. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2190 GOLDSTREAM RD FAIRBANKS, ALASKA 99709</b>	
14. DECEDENT'S EDUCATION: 3. HIGH SCHOOL GRADUATE OR GED		16. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native		17. DECEDENT'S USUAL OCCUPATION <b>BUSINESS OWNER</b>
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)		(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)		18. KIND OF BUSINESS OR INDUSTRY <b>FOOD INDUSTRY</b>
19. PLACE OF DEATH: <b>INPATIENT</b>		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 <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>KEITH BLANCHARD</b>		
28. LICENSE NUMBER (Of Licensee) <b>334</b>		29. DATE PRONOUNCED DEAD (MM/DD/YY)		
30. TIME PRONOUNCED DEAD		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) <b>12/06/2021</b>		35. ACTUAL OR PRESUMED TIME OF DEATH <b>06.07</b>		36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. PART I. CAUSE OF DEATH a. <b>DUCTAL CARCINOMA RIGHT BREAST</b> Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____			Approximate Interval: Onset to death <b>8 YEARS</b>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause <b>ACUTE PULMONARY EMBOLISM 04/22/21</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 type="checkbox"/> No				
40. DID TOBACCO USE CONTRIBUTE TO DEATH? <b>N</b>	41. IF FEMALE (PREGNANCY STATUS) <b>6. NOT APPLICABLE.</b>	42. MANNER OF DEATH <b>NATURAL CAUSES</b>		
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: **2001 GILLAM WAY FAIRBANKS AK 99701**  
52. LICENSE NUMBER: **2292**  
53. DATE CERTIFIED (MM/DD/YY): **12/10/2021**

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 **December 15, 2021**

*Patricia W. Topol*  
**State Registrar**

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

