



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 304 of the Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

### Section 1 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

Licensee:	Pioneer Liquor Inc.	License #:	#872
License Type:	Package Store	Statutory Reference:	AS 04.11.150
Doing Business As:	Pioneer Liquor Store		
Premises Address:	212 Katlian St		
City:	Sitka	State:	AK
		ZIP:	99835
Local Governing Body:	City of Sitka		

### Transfer Type:

- ☒ Regular transfer  
☐ Transfer with security interest  
☐ Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	10-11-21	Transaction #:	100067726,
Board Meeting Date:	11-2-21	License Years:	21-22
Issue Date:		BRE:	KRS



## Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application****Section 2 – Transferee Information**Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Pioneer Liquor Inc				
Doing Business As:	Pioneer Liquor Store				
Premises Address:	212 Katlian St				
City:	Sitka	State:	Ak	ZIP:	99835
Community Council:	N/A				

Mailing Address:	P.O.Box 599				
City:	Sitka	State:	AK	ZIP:	99835

Designated Licensee:	Richard D Heim				
Contact Phone:	907-738-6114	Business Phone:	907-747-3456		
Contact Email:	rlheim@gci.net				

Seasonal License? ☐ Yes ☒ No If "Yes", write your six-month operating period: \_\_\_\_\_

**Section 3 – Premises Information**

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

1/2 Mile

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

1/2 Mile





## Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application****Section 4 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

**Section 5 – Entity Ownership Information**

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	Richard D Heim				
Title(s):	President	Phone:	907-747-3456	% Owned:	
Address:	P.O.Box 599				
City:	Sitka	State:	AK	ZIP:	99835



## Alaska Alcoholic Beverage Control Board

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Entity Official:	Linda D.Heim				
Title(s):	Secretary	Phone:	907-747-6114	% Owned:	49
Address:	P.O.Box 599				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:	Sandra Dee Baird				
Title(s):	Vice President	Phone:	907-738-7038	% Owned:	
Address:	1605 Halibut Pt.Road				
City:	Sitka	State:	Ak	ZIP:	99835

Entity Official:	Christopher David Heim				
Title(s):	Treasurer	Phone:	907-738-8337	% Owned:	
Address:	P.O.Box 599				
City:	Sitka	State:	Ak	ZIP:	99835

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	38415D	AK Formed Date:	1986 <sup>6/20/</sup>	Home State:	Alaska
Registered Agent:	Richard D. Heim	Agent's Phone:			
Agent's Mailing Address:	P.O.Box 599				
City:	Sitka	State:	Ak	ZIP:	99835

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?







## Alaska Alcoholic Beverage Control Board

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Entity Official:	David Len Sulser Supplemental Needs Trust				
Title(s):	Stockholder	Phone:	907-738-5016	% Owned:	25.5
Address:	1605 Halibut Point Rd.				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:	Harry Scott Sulser Supplemental Needs Trust				
Title(s):	Stockholder	Phone:	907-738-7038	% Owned:	25.5
Address:	1605 Halibut Point Rd.				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	3841D	AK Formed Date:	06/20 1986	Home State:	Alaska
Registered Agent:	Richard D. Heim		Agent's Phone:		
Agent's Mailing Address:	P.O.Box 599				
City:	Sitka	State:	AK.	ZIP:	99835

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?



If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

Pioneer Liquor Store Alaska Liquor License #872 865

### Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?



If "Yes", disclose the name of the individual and the reason for this authorization:

Cynthia Franklin Attorney @ Carlson Law





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 8 – Transferor Certifications**

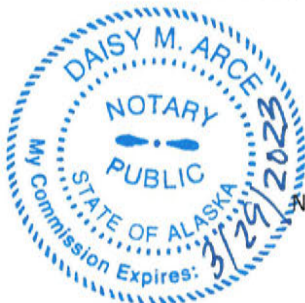
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Katherine Sulzer by Sandy Baird, Personal Representative  
Signature of transferor

Katherine Sulzer by Sandy Baird, Personal Representative  
Printed name of transferor

Subscribed and sworn to before me this 07 day of APRIL, 2021.



Daisy M. Arce  
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 29 MARCH 2023

\_\_\_\_\_  
Signature of transferor

\_\_\_\_\_  
Printed name of transferor

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 9 – Transferee Certifications**

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.



I certify that all proposed licensees have been listed with the Division of Corporations.



I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.



I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.



I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.



As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

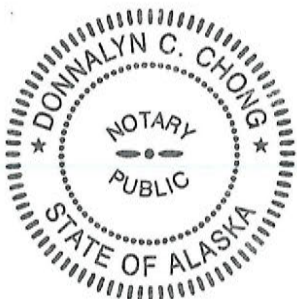


Signature of transferee

**Richard D Heim**

Printed name

Subscribed and sworn to before me this 4th day of APRIL, 20 21.





Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 12-08-2024



copy

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
FIRST JUDICIAL DISTRICT AT SITKA

MAR 05 2019

Clerk of the Trial Courts  
By [Signature] Deputy

In the Matter of the Estate of:

CASE NO: 1SI-19-00009PR

Katherine Sulser,

Person who Died (Decedent)

Date of Birth: 05/01/1926

**LETTERS TESTAMENTARY BY COURT**

(Court Opens Probate and Appoints a Personal Representative When There is a Will)

The will of the decedent was admitted to probate. The appointed personal representative is:  
Sandy Baird.

The personal representative is:

☒ not supervised.

☐ supervised. The personal representative shall not make any distribution of the estate or exercise the following powers without prior order of the court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3/5/19

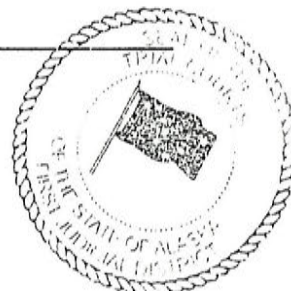
Date

[Signature]

Signature of Registrar or Judicial Officer<sup>1</sup>

Jonie Calhoun

Printed Name



**CERTIFICATION**

I certify that on 5 day of Mar 2019  
a true copy of this do was placed  
in attorney's box/mailed to the following:

S. Baird

By [Signature]

I certify that this is a true and correct copy  
of an original document on file in the  
Alaska Trial Courts at Sitka.  
Signed and sealed this 5 day of Mar 2019

By [Signature]

Clerk/Deputy Clerk

<sup>1</sup> Informal appointment under AS 13.16.115 can be made by the registrar without hearing or notice.  
Formal appointment under AS 13.16.145 must be made by a judge after hearing and notice.

AMCO

APR 16 2019

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT SITKA

In the Matter of the Estate of:

Filed in the Trial Courts  
State of Alaska First District  
Sitka

MAR 05 2019

KATHERINE SULSER

Person Who Died (Decedent)

Date of Birth: [REDACTED]

Clerk of the Trial Courts  
By [Signature] Deputy

CASE NO. 1SI-19-9PR

**STATEMENT STARTING INFORMAL PROBATE AND  
APPOINTING A PERSONAL REPRESENTATIVE WHEN THERE IS A WILL**  
(Statement of Informal Probate of Will and Appointment of Personal Representative)

Based upon the request of (name) SANDY BAIRD to open informal probate of (name of person who died) KATHERINE SULSER's last will and appoint a personal representative, the court makes the following findings and order based on that request.

**FINDINGS**

1. **Application.** The application appears to be complete and includes the requestor's oath or affirmation that the statements are true to the best of the requestor's belief.
2. **Interest.** The requestor is a person with an interest in the estate because he or she is a spouse, relative, person named in the will, beneficiary, creditor or fiduciary representing an interested person.
3. **Person Who Died (Decedent).** The decedent died on (date) 12/14/18. At least five full days have passed since the death.
4. **Filing Location.** This is the correct court to file in because the person who died:  
☒ lived in this judicial district at the time of death.  
☐ did not live in Alaska at the time of death, but had property located in this judicial district at the time of death.
5. **Time.** The time for probate is within the required time period because:  
☒ less than three years have passed since the person died.  
☐ more than three years have passed but late probate is allowed under AS 13.16.040 because:  
\_\_\_\_\_
6. **Will.** The person who died made a valid will on (date) 1/30/17. The court has the original will.
7. **Current Personal Representative.**  
☒ No court has appointed a personal representative of the estate.  
☐ A court appointed a personal representative, but later ended that appointment.  
☐ A court appointed (name) \_\_\_\_\_ as personal representative who lives at (address) \_\_\_\_\_.  
The requestor filed an authenticated copy of the will and a statement from the court where the will was first probated.



8. **Right to be Appointed as Personal Representative.** The court finds that (name) Sandy Baird is at least 19 years old and has priority to serve because:

- ☒ the will named him or her as the personal representative.  
☐ he or she is the surviving spouse and named in the will to receive property.  
☐ he or she is the surviving spouse but the will did not name him or her to receive property.  
☐ the will named him or her to receive property.  
☐ he or she is an heir (someone with the right to inherit property from the person who died if no will had been made).  
☐ he or she is a creditor and 45 days have passed since the person died.

9. **Additional Findings.**

10. **Notice.** Any notice required by the laws of Alaska has been given.

### PROCEDURAL ORDER

The court orders that:

1. The will is admitted to informal probate.
2. ☒ No bond is required. ☐ A bond is required in the amount of \$\_\_\_\_\_
3. The appointed personal representative is (name) Sandy Baird and he or she assumes the responsibilities after posting a bond, if required.
4. The court will issue Letters Testamentary after the personal representative files Form P-335, *Acceptance of Duties by Personal Representative and Letters Testamentary by Court*.
5. Other: \_\_\_\_\_

3/5/19

Date

cc: S. Baird \*  
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P-316 (1/19)(cs)

STATEMENT STARTING INFORMAL PROBATE AND APPOINTING A PERSONAL REPRESENTATIVE WHEN THERE IS A WILL

Jonie Calhoun  
Signature of Registrar  
Jonie Calhoun  
Printed Name

AS 13.16.115

APR 16 2021

I certify that this is a true and correct copy of an original document on file in the Alaska Trial Courts at Sitka. Signed and sealed this 5 day of Mar 2019.  
By Jonie Calhoun  
Clerk/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 110575, Juneau, AK 99811-0575

### CERTIFICATE OF DEATH

AMENDED

STATE FILE NO. 2018004180

DATE FILED 01/11/2019

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>KATHERINE SULSER</b>				2. SEX <b>Female</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
4a. AGE-Last Birthday (Years) <b>92</b>		4b. UNDER 1 YEAR Months: <b>0</b> Days: <b>0</b>		4c. UNDER 1 DAY Hours: <b>0</b> Minutes: <b>0</b>		5. DATE OF BIRTH (MM/DD/YY) <b>[REDACTED]</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>London, KENTUCKY</b>				7a. CITY OR TOWN <b>Sitka</b>			
7b. COUNTY <b>Sitka</b>				7c. ZIP CODE <b>99835</b>			
7d. STREET AND NUMBER <b>1605 Halibut Point Road</b>				7e. APT. No. <b>[REDACTED]</b>			
7f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>[REDACTED]</b>				11. FATHER'S NAME (First, Middle, Last) <b>SCOTT ISAAC HAMMOCK</b>			
12. MOTHER'S NAME (First, Middle, Last) <b>MARTHA SHELL</b>				13a. INFORMANT'S NAME <b>SANDRA D BAIRD</b>			
13b. RELATIONSHIP TO DECEDENT <b>Daughter</b>				13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1950 Anna Circle Sitka, Alaska 99835</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 checked="" 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 type="checkbox"/> Bachelor's degree (e.g., BA, 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: <b>[REDACTED]</b>			
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) <b>[REDACTED]</b> <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) <b>[REDACTED]</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <b>[REDACTED]</b> <input type="checkbox"/> Other (Specify) <b>[REDACTED]</b>				17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>			
18. KIND OF BUSINESS OR INDUSTRY <b>Family</b>				19. PLACE OF DEATH (Check only one.) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing home/long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify): <b>[REDACTED]</b>			
20. FACILITY NAME (If not institution, give street & number) <b>1605 Halibut Point Road</b>				21. CITY OR TOWN, STATE AND ZIP CODE <b>Sitka, Alaska 99835</b>			
22. COUNTY OF DEATH <b>Sitka</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) <b>[REDACTED]</b>			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Ketchikan/roesei Mortuary</b>				25. LOCATION - CITY, TOWN AND STATE <b>Ketchikan, AK</b>			
26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Prewitt Funeral Home Po Box 1001 Sitka, Alaska 99835</b>				27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) <b>TRUDY PREWITT</b>			
28. LICENSE NUMBER (Of Licensee) <b>[REDACTED]</b>				29. DATE PRONOUNCED DEAD (MM/DD/YY) <b>12/14/2018</b>			
30. TIME PRONOUNCED DEAD <b>10:45</b>				31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) <b>[REDACTED]</b>			
32. LICENSE NUMBER <b>[REDACTED]</b>				33. DATE SIGNED (MM/DD/YY) <b>[REDACTED]</b>			
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) <b>12/14/2018</b>				35. ACTUAL OR PRESUMED TIME OF DEATH <b>10:45</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 such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. <b>CONGESTIVE HEART FAILURE</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>[REDACTED]</b> b. <b>[REDACTED]</b> c. <b>[REDACTED]</b> d. <b>[REDACTED]</b> UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>[REDACTED]</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 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 checked="" 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/YY) <b>[REDACTED]</b>			
44. TIME OF INJURY <b>[REDACTED]</b>				45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) <b>[REDACTED]</b>			
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) <b>[REDACTED]</b>			
48. DESCRIBE HOW INJURY OCCURRED: <b>[REDACTED]</b>				49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>[REDACTED]</b>			
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>ROBERT C HUNTER JR</b>				ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37) <b>222 Moller Drive Sitka AK 99835</b>			
52. LICENSE NUMBER <b>AA1784 (AK)</b>				53. DATE CERTIFIED (MM/DD/YY) <b>12/31/2018</b>			

To Be Completed/Verified By:  
FUNERAL DIRECTOR

To Be Completed By:  
MEDICAL CERTIFIER

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 **FEBRUARY 06, 2019**

*Heidi J. Jorgensen*  
**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

