

# ARKANSAS CLAIMS COMMISSION

D.06

(501)682-1619  
(501)682-2823 FAX



101 EAST CAPITOL AVENUE, SUITE 410  
LITTLE ROCK, ARKANSAS 72201-3823

## CLAIM FORM

**Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.**

**1. Claimant** *(If there are additional claimants, please fill out an additional form for each)*

G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

**2. Claimant's Legal Counsel** *(If not represented by an attorney, you may skip this section)*

(last name)

(first name)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

Arkansas Bar Number: \_\_\_\_\_

*If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

**3. State Agency Involved** Arkansas Department of Finance and Administration

*(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)*

**4. Incident Date** 7/19/2018

**5. Claim Type**

Reissuance of Warrant

**5a. Location of Incident**

**5b. Explanation of Incident**

This claim is being filed for the reissuance of warrant # [REDACTED] date 07-19-2018 payable to G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson the amount of \$19,204.34 payable from the Arkansas Department of Finance and Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on January 2, 2024.

**5c. CHECK HERE if this claim involves damage to a motor vehicle.** ☐

**5d. CHECK HERE if this claim involves damage to property other than a motor vehicle.** ☐

**5e. Insurance Coverage**

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

-If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE ☐

**5f. Additional Required Documents for Property Damage Claims**

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

**6. If a state vehicle was involved, please provide the following information**

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(type of state vehicle involved)	(license number)	(driver)
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**7. If your claim involves personal injuries, please CHECK HERE** ☐

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE ☐

**8. Amount Sought:** \$19,204.34

**IMPORTANT**

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov) or by phone at (501) 682-1619.

## **STOP!**

**The following section MUST be completed in the presence of a Notary Public.**

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

\_\_\_\_\_  
Claimant

### **ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

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

[seal of office]

My Commission Expires: \_\_\_\_\_

ARKANSAS STATE CLAIMS COMMISSION 2015, 2016  
Phone #682-1619 – Fax #682-2823  
NOTICE OF LOST OUTDATED WARRANT(S)

Arkansas  
State Claims Commission

JAN 02 2024

The records of the Department of Finance & Administration of Arkansas, <sup>RECEIVED</sup>  
Phone #682-1100.

Agency address: P.O. Box 3628, Little Rock, Arkansas, 72203

Reflect that G&C THARALDSON DYNASTY TRUST II FBO BOBBI JO THARALDSON

Payee/Payees

Payee's Address

City

State

was/were issued  
Zip Code

State Warrant number [REDACTED], dated 19-JULY-2018

in the amount of \$ 19204.34 the same being in payment

of Voucher No. \_\_\_\_\_, Agency No. 0630,

Appropriation No. [REDACTED] Character Code [REDACTED] Fund Code [REDACTED] or  
if corporation-Federal Tax ID No. \_\_\_\_\_.

Also, please furnish your current Business Area [REDACTED] Fund Code [REDACTED]  
Cost Center Group [REDACTED] & Fund Center [REDACTED]

Tammy Martin

Agency Disbursing Officer's Full Name (please print)



Agency Disbursing Officer's Signature

**ARKANSAS STATE CLAIMS COMMISSION  
Reissuance of Out-Dated Warrants**

**Date: 1/9/2024**

**Warrant:** [REDACTED]

**Name of Payee: G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson**

**Amount: \$19,204.34**

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

# ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619  
FAX (501) 682-2823



KATHRYN IRBY  
DIRECTOR

101 EAST CAPITOL AVENUE  
SUITE 410  
LITTLE ROCK, ARKANSAS  
72201-3823

January 10, 2024

G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson  
[REDACTED]

RE: **Claim No. 240919** – Reissuance of Check No. [REDACTED]

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To Whom It May Concern,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson by the Arkansas Department of Finance and Administration was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

To have the above-referenced check reissued, we need you to provide the Power of Attorney or beneficiary documents. We also included the completed enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it and the requested document to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

# ARKANSAS CLAIMS COMMISSION

(501)682-1619  
(501)682-2823 FAX



101 EAST CAPITOL AVENUE, SUITE 410  
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas  
State Claims Commission

FEB 16 2024

RECEIVED

## CLAIM FORM

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

### 1. Claimant *(If there are additional claimants, please fill out an additional form for each)*

G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

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(last name)

(first name)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

Arkansas Bar Number:

*If not licensed to practice law in Arkansas, please  
contact the Claims Commission for more information.*

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*(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)*

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#### 5a. Location of Incident

#### 5b. Explanation of Incident

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Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on January 2, 2024.



**STOP!**

**The following section MUST be completed in the presence of a Notary Public.**

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

  
Claimant


**ACKNOWLEDGEMENT**

State of South Dakota

County of Minnehaha

On this the 15 day of February, 2024, before me, the undersigned notary, personally appeared Craig Adams known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

  
Signature of Notary Public

My Commission Expires: 12-19-2029





**From:** Patti Graumann  
**To:** [REDACTED]  
**Subject:** RE: 1034-G&C Trust II Directive  
**Date:** Thursday, October 31, 2019 9:11:00 AM

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Thank you!

*Patti*  
Patti Graumann  
Vice President & Trust Officer  
**SOUTH DAKOTA TRUST COMPANY LLC**  
[patti@sdtrustco.com](mailto:patti@sdtrustco.com)  
P: 605.271.5027 | F: 605.274.9200

**TEAM:**  
Assistant Trust Officer: Laurie Thompson  
P: 605.275.1596 | E: [LaurieT@sdtrustco.com](mailto:LaurieT@sdtrustco.com)

Trust Officer: Anne Brenner  
P: 605.271.5187 | E: [anne@sdtrustco.com](mailto:anne@sdtrustco.com)

Assistant Trust Officer: Amanda Spiering  
P: 605.271.5191 | E: [amanda@sdtrustco.com](mailto:amanda@sdtrustco.com)

**OUT OF OFFICE:**  
office closed Monday November 11<sup>th</sup> for the Veterans Day holiday

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**From:** [REDACTED]  
**Sent:** Thursday, October 31, 2019 9:08 AM  
**To:** Patti Graumann <[patti@sdtrustco.com](mailto:patti@sdtrustco.com)>  
**Subject:** [REDACTED]

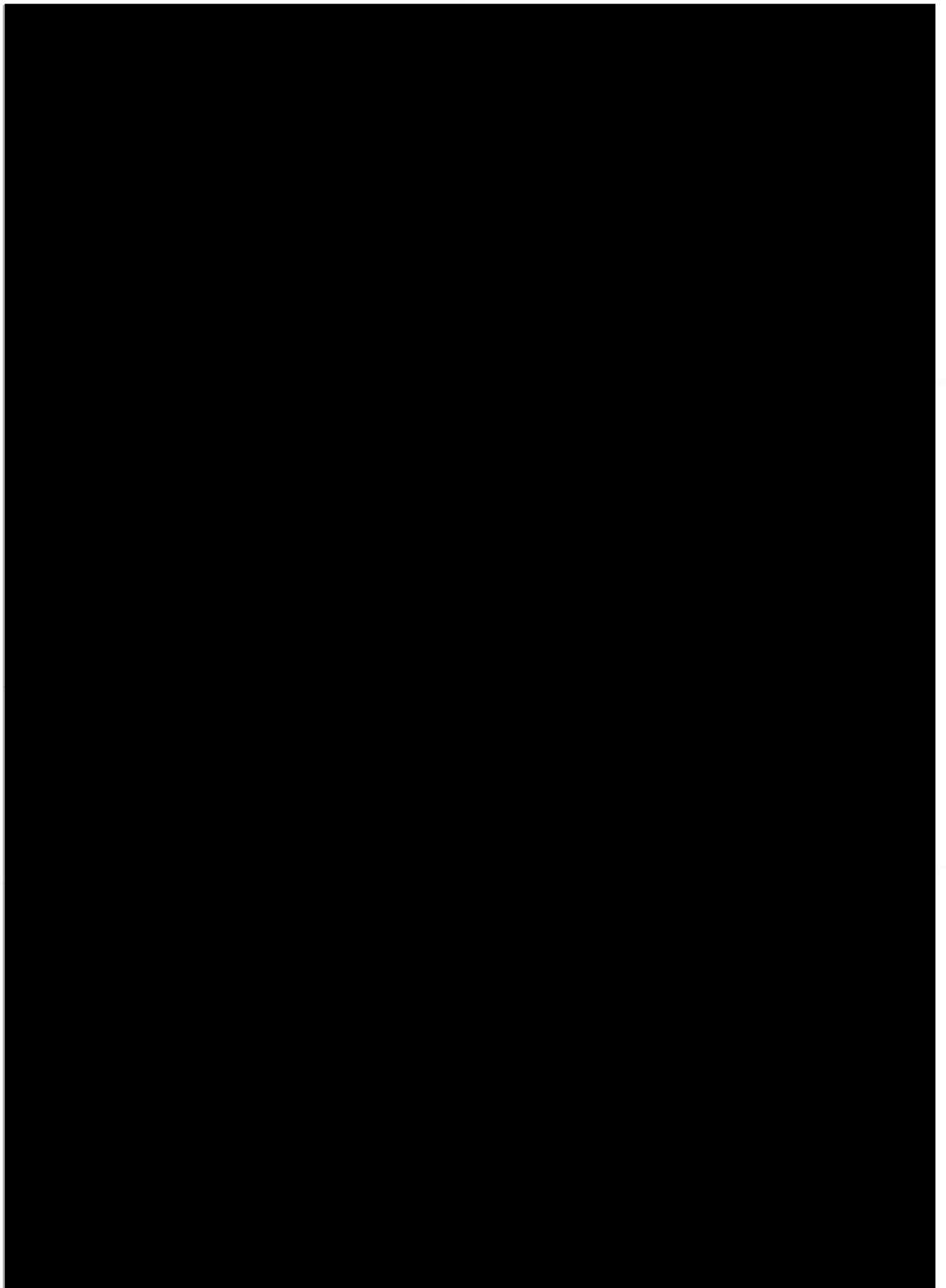
**RE: GARY AND CONNIE THARALDSON DYNASTY TR II UAD 12/23/2002**

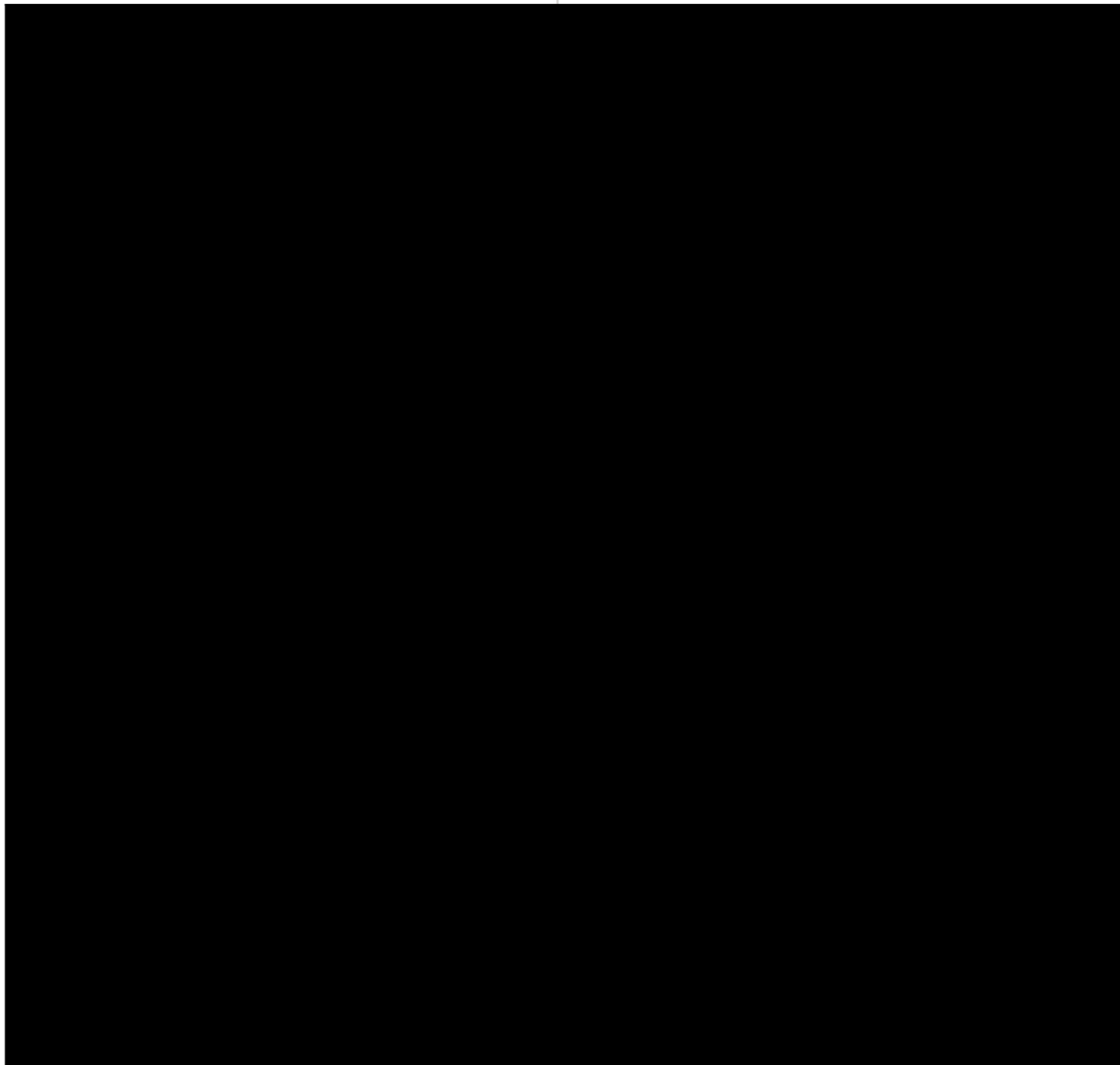
Dear Patti:

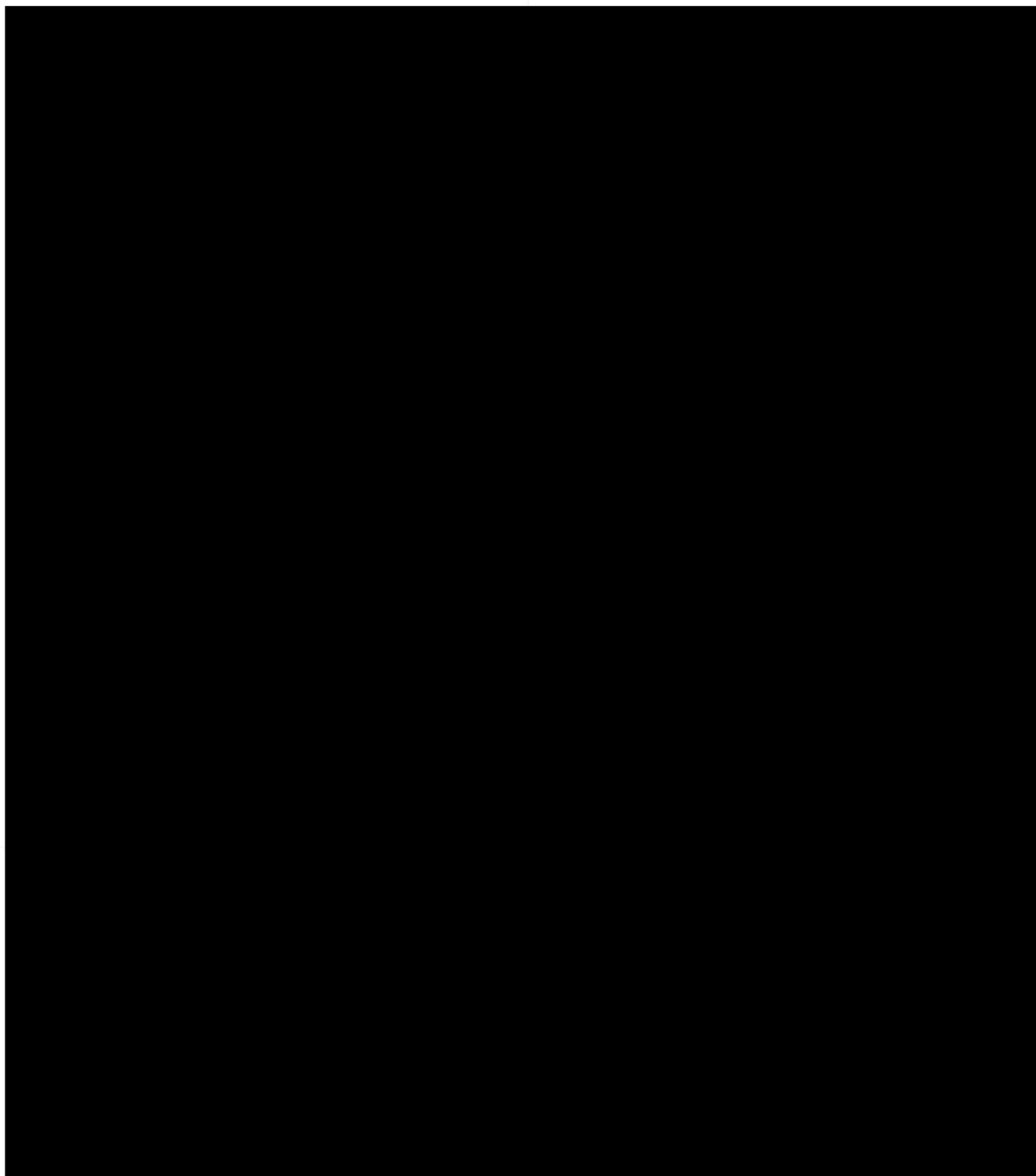
[REDACTED]

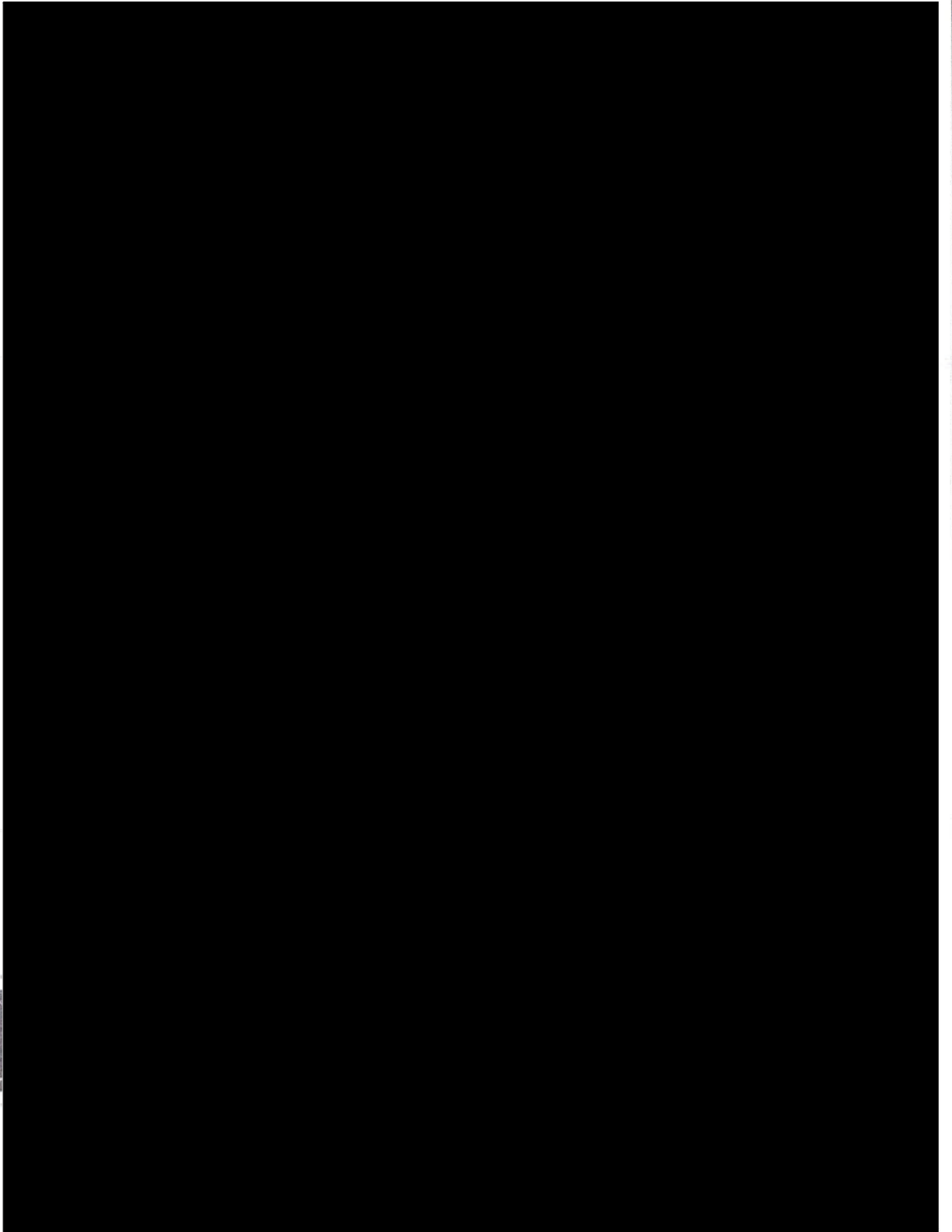
		Gary & Connie Tharaldson Dynasty Trust II
		[REDACTED]
		[REDACTED]
	4	4. G & C Tharaldson Dynasty Trust II fbo Bobbie Jo Tharaldson
		[REDACTED]
		[REDACTED]

Holdings List for [REDACTED]









**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**G&C THARALDSON DYNASTY  
TRUST II FBO  
BOBBI JO THARALDSON**

**CLAIMANT**

**V.**

**CLAIM NO. 240919**

**ARKANSAS DEPARTMENT OF  
FINANCE AND ADMINISTRATION**

**RESPONDENT**

**ORDER**

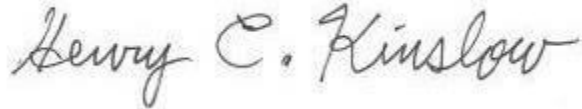
This claim was filed by G&C Tharaldson Dynasty Trust II FBO Bobbi Jo Tharaldson (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$19,204.34 payable from Arkansas Department of Finance and Administration. The Warrant is still outstanding, and no duplicate has been issued.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$19,204.34 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION  
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION  
Paul Morris, Chair

DATE: March 7, 2024

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).