



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: July 26, 2022

FROM: Kristina Serezhenkov, OLE

RE: #569 JJ's Sports Center & #825 Panhandle Bar

**Requested Action:** Request for time extension and continued operations.

**Statutory Authority:** 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."

**Background:** On January 13, 2022 AMCO received a notice from Patricia James, personal representative of the estate of Edward James, that Edward James had passed away. Mr. Edward James was 51% owner of licensee Jaybuff Inc. which holds license #569 dba JJ's Sports Center and 50% owner of licensee BJV Inc which holds license #825 dba Panhandle Bar. Ms. Patricia James is requesting a time extension to file controlling interest transfer applications for both license #569 and #825 and to continue operations.

Attachments: Correspondence between AMCO and Patricia James  
Ms. Patricia James request for a time extension  
Court documentation and death certificate



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Commerce,  
Community, and Economic  
Development

Alcohol and Marijuana Control Office

550 W. 7<sup>th</sup> Ave Suite 1600  
Anchorage, Alaska 99501  
Main: 907.269-0350  
[Commerce.alaska.gov/web/amco](http://Commerce.alaska.gov/web/amco)

July 26, 2022

Patricia A. James  
3911 Pawn Place  
Anchorage, AK 99508

Dear Ms. James,

Our office has received your request for a time extension to submit transfer applications for the following Beverage Dispensary licenses located in Anchorage:

#569 dba JJ's Sports Center  
#825 dba Panhandle Bar  
#901 dba Polar Bar  
#3596 dba Eddie's Sports Bar  
#4317 dba Eddie's Sports Bar

Upon review of the above listed licenses only licenses #569 dba JJ's Sports Center and #825 dba Panhandle Bar require transfer of controlling interest applications. The ownership percentage of change for license #901 dba Polar Bar did not constitute a change in controlling interest and is only considered a change of officials. Licenses #3596 and #4317 dba Eddie's Sports Bar have a slight change of ownership at 4% and this is not enough change to require either a transfer application or a change of officials notice.

Our office has scheduled your request for a consideration of granting a time extension to submit the transfer applications for licenses #569 and #825 for the September 20, 2022 ABC Board meeting.

Information on attending the meeting, as well as information on how to attend via zoom, will be posted and available on our website at <https://www.commerce.alaska.gov/web/amco/>. The agenda will be available on our website as well and is generally posted a week in advance of the meeting.

Sincerely,

A handwritten signature in blue ink that reads "Kristina Serezhenkov".

Kristina Serezhenkov  
Licensing Examiner

CC:

License Files #569 and #825

[Jbuff42@hotmail.com](mailto:Jbuff42@hotmail.com) (licensee email contact BJV Inc and Jbuff Inc #569 & #825)

[Sammsue7@hotmail.com](mailto:Sammsue7@hotmail.com) (licensee email contact BJV Inc #825)

Patricia A James  
3911 Pawn Place  
Anchorage, AK 99508  
(907) 229-0214

January 13, 2022

Alcohol and Marijuana Control Office  
550 West 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501

Re: Written Request for Extension of Time to Transfer Liquor Licenses.

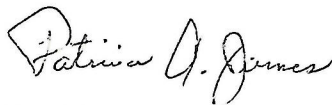
To whom it may concern,

I am Patricia "Patsy" A. James and I am the widow of Edward "Eddie" M. James. I am the sole beneficiary and personal representative of his estate. This is the first experience I have had with probate and am finding everything is more complicated and takes much longer than expected (especially with the way so many things are operating during the pandemic and me not being very computer savvy). The judge only signed off on my Personal Representative powers on November 12, 2021 (see attached Letters of Testamentary). I only received a copy of this document at the end of November in the midst of the holidays. Eddie was involved in the bar business his whole life and was partial owner of several ventures at the time of his passing. I did not find a form to get a time extension for the transfers on the website so am writing this letter as a formal request for an extension of time to transfer Eddie's interest in the following liquor licenses to myself:

569 JJ's Sports Bar  
825 Panhandle  
901 Polar Bar  
3596 Eddie's Sports Bar  
4317 Eddie's Sports Bar

Please feel free to contact me at (907) 229-0214 if you have any questions regarding this letter. I am realizing I am going to need help through all of this and am currently looking for a professional to help me. Thank you for your assistance in this matter.

Sincerely,



Patricia A. James

AMCO

JAN 13 2022

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT Anchorage

FILED IN THE SUPERIOR COURT FOR THE STATE OF ALASKA OCT 25 2021

In the Matter of the Estate of:

EDWARD M JAMES

Person who Died (Decedent)

Date of Birth: [REDACTED]

CASE NO. 3AN-21-00717PR

ACCEPTANCE OF DUTIES BY PERSONAL REPRESENTATIVE (Filed by personal representative when there IS a will)

I accept the appointment of personal representative and agree to perform the following duties:

- (1) Complete Form P-340, Information to Heirs and Devisees.
(2) Deal with creditors:
(a) Complete Form P-341, Notice to Creditors.
(b) Complete Form P-345, Notice to Creditors Allowing or Disallowing the Claim.
(3) Handle the estate property of the person who died:
(a) Gather the estate property.
(b) Complete an inventory of estate property by completing Form P-370, Inventory of Property.
(c) Determine the assets and liabilities of the estate property and transfer estate property by completing P-380, Accounting and Proposed Distribution.
(4) Pay homestead, exempt property, and family allowances to surviving spouse and/or minor children.
(5) Pay required state and federal taxes (income, property, estate).
(6) Pay required costs of administering the probate, including any bond.
(7) Tell the court my address and phone number in writing.
(8) Wrap up the final business affairs of the person who died (see www.courts.alaska.gov/shc/probate/probate-after-death.htm#legal-tasks).
(9) Close the estate as soon as appropriate.

swear or affirm that I read this document and believe all statements made are true.

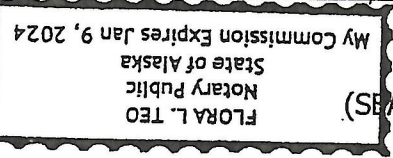
10-5-21 Date Patricia A. James Signature of Personal Representative PATRICIA A JAMES Printed Name

3911 PAWN PLACE Address Line 1 ANCHORAGE, AK 99508 Address Line 2 (907) 229-0214 Phone Number PJAMESPS@AOL.COM E-mail Address

Subscribed and sworn to or affirmed before me at Anchorage, Alaska on (date) October 5, 2021

[Signature] Clerk of Court, Notary Public or other person authorized to administer oaths. My commission expires: Jan. 9, 2024

I certify that on 11/22/2021 a copy of this document was mailed/e-mailed to Personal Representative(s) Personal Representative's Atty Judicial Assistant: [Signature]



AMCO JAN 13 2022

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT Anchorage

In the Matter of the Estate of:

EDWARD M JAMES

Person who Died (Decedent)

Date of Birth: 1/28/1935

CASE NO. 3AN-21-00717PR

**\*\*Leave This Portion Blank for the Court to Fill Out\*\***

**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:  
PATRICIA A JAMES

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:

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

11/12/2021  
Date

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

Polley  
Printed Name

I certify that on 11/22/2021 a copy of this document was mailed/e-mailed to Personal Representative(s) Personal Representative's Atty  
Judicial Assistant: [Signature]



I hereby certify that this is a true and correct copy of the original on file in my office:

**TEST:**  
Clerk of the Trial Courts at Anchorage, AK  
By: [Signature] 11/22/2021  
Deputy Clerk Date

<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

JAN 13 2022

OCT 25 2021

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT Anchorage

In the Matter of the Estate of: )

EDWARD M JAMES )

Person Who Died (Decedent) )

Date of Birth: 07/28/1935 )

CASE NO. 3AN-21-00717PR.

**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]* PATRICIA A JAMES to open informal probate of *[name of person who died]* EDWARD M JAMES'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]* 07/16/2020. 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]* 10/18/2018. The court has the original will (or an authenticated copy of the will probated in another jurisdiction).
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.

AMCO

JAN 13 2021

OCT 25 2021

8. **Right to be Appointed as Personal Representative.** The court finds that [name] PATRICIA A JAMES is 19 years or older and:

has priority for appointment as personal representative.

may be appointed as the personal representative because all persons with greater or equal priority to serve as personal representative have consented to the appointment.

9. **Additional Findings.**

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

10. **Notice.** Any notice required by Alaska law 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] PATRICIA A JAMES 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11/22/2021  
Date

[Signature]  
Signature of Registrar  
Polby

I certify that on 11/22/2021 a copy of this document was: mailed e-mailed to Personal Representative(s) Personal Representative's Atty Judicial Assistant: gm



Prigodny hereby certify that this is a true and correct copy of the original on file in my office:

**TEST:**  
Clerk of the Trial Courts at Anchorage, AK  
Mendall H. 11/22/2021  
Deputy Clerk Date

**STATE OF ALASKA  
CERTIFICATE 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 07/31/2020		STATE FILE NO. 2020002358	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>EDWARD MIKE JAMES</b>		2. SEX Male	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) 84	4b. UNDER 1 YEAR Months: Days:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (M/M/DD/YY) [REDACTED]
6. RESIDENCE-STATE Alaska		7a. COUNTY Anchorage	7c. CITY OR TOWN Anchorage
7d. STREET AND NUMBER 3911 Pawn Place		7e. APT No	7f. ZIP CODE 99508
7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. BIRTH-PLACE (City and State or Foreign Country) Damascus, Syria	
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) PATRICIA HARPER		11. FATHER'S NAME (First, Middle, Last) MIKE JAMES	
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) ADONISA VALDEZ		13a. INFORMANT'S NAME SHAROLYN WYETH	
13b. RELATIONSHIP TO DECEDENT Daughter		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 6319 Colgate Dr Anchorage, Alaska 99504	
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"/> 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, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, 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 type="checkbox"/> No, not Spanish/Hispanic/Latino(a) <input checked="" 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 _____	
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) <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) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input checked="" type="checkbox"/> Other (Specify) SYRIAN/LEBANESE		17. DECEDENT'S USUAL OCCUPATION (Specify type of work done during most of working life. DO NOT USE RETIRED) Bartender	
18. KIND OF BUSINESS OR INDUSTRY Hospitality		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"/> Other (Specify): Hospice Facility	
20. FACILITY NAME (If not institution, give street & number) 3911 Pawn Place		21. CITY OR TOWN, STATE AND ZIP CODE Anchorage, Alaska 99508	
22. 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 (Name of cemetery, crematory, other place) Kehl's Legacy Funeral Home	
25. LOCATION - CITY, TOWN AND STATE Anchorage, AK		23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Witzleben Family Funeral Home 1707 S Bragaw Street Anchorage, Alaska 99508	
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) Bonnie Jones		26. LICENSE NUMBER (Of Licensee)	
28. DATE PRONOUNCED DEAD (M/M/DD/YY)		29. TIME PRONOUNCED DEAD	
30. SIGNATURE OF PERSON PRONOUNCING DEATH (Cr. / when applicable)		31. LICENSE NUMBER	
32. DATE SIGNED (M/M/DD/YY)		33. DATE OF DEATH (M/M/DD/YY) 07/15/2020	
34. ACTUAL OR PRESUMED DATE OF DEATH (M/M/DD/YY)		35. ACTUAL OR PRESUMED TIME OF DEATH Unknown	
36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. CAUSE OF DEATH (See instructions and examples). DO NOT enter terminal event 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHF Due to (or as a consequence of): b. COPD Due to (or as a consequence of): c. CAD Due to (or as a consequence of): d. CARDIAC ARRHYTHMIA Due to (or as a consequence of):	
38. APPROXIMATE INTERVAL (Onset to death) Unknown Unknown Unknown Unknown		39. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. 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	
42. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		43. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant's 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.	
44. DATE OF INJURY (M/M/DD/YY)		45. TIME OF INJURY	
46. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zip code)		49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
50. DESCRIBE HOW INJURY OCCURRED:		51. 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.	
52. NAME OF CERTIFIER (SIGNATURE ON FILE) MAXI CHOUSAND		53. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 3) 1201 N Muldoon Road Anchorage AK 99504	
54. LICENSE NUMBER TX K8078		55. DATE CERTIFIED (M/M/DD/YY) 07/20/2020	

To Be Completed/Verified By: GENERAL DIRECTOR



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 AUGUST 03, 2020

*Christy Fern*  
State Registrar

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

JAN 11 2020

