



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: September 14, 2022

FROM: Audrey Saylor OLE

RE: #65 Anchor Tavern

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:

In March of 2021 Mr. Mark R Sackett passed away. He was 50% owner of the Anchor Tavern in Nome. Mr. Windrow Sackett who owns the other 50% wants more time to file and effectuate a transfer, he is not the executor of his brother's estate his nephew is. Mr. Windrow Sackett lives out of state and with Covid it has been difficult to take care of his and his brother's affairs long distance.

Attachments:

Original Letter of Resquest

Statement of Informal Appointment of Personal Representative Intestacy

Acceptance of Duties

Letters of Administration

Certificate of Death

Letter from Fairbanks Funeral Home

Wm Sackett
205 N 10th Ave
Purcell, OK 73080

9-14-2022

Dear Sir/Madam Alcoholic Beverage Control Board

My Name is Windrow (Woody) Meyer Sackett. I am writing this letter for a Extension up to 1 Year for license # 0065, Do to the loss of My Brother Mark Ruben Sackett and having Covid Even with shots. And am Dealing with Excutor Mark's Son Dylan Sackett To Take Mark's Name off License #0065 To Keep License.

Any Questions Please Call Woody @ 405-207-6695

Thank You

Wm Sackett

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 **03/23/2021**

CERTIFICATE OF DEATH STATE FILE NO. **2021000818**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) MARK RUBEN SACKETT				2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
4a. AGE-Last Birthday (Years) 61	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (MM/DD/YY) [REDACTED]	6. BIRTHPLACE (City and State or Foreign Country) WHIDBEY ISLAND, WASHINGTON	
7a. RESIDENCE-STATE ALASKA		7b. COUNTY NOME		7c. CITY OR TOWN NOME	
7d. STREET AND NUMBER 401 M STREET		7e. APT. No	7f. ZIP CODE 99762	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input 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 DIVORCED		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last) WESLEY FRANCIS SACKETT			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last) MARIE ELALOUF		
13a. INFORMANT'S NAME DYLAN LEE SACKETT		13b. RELATIONSHIP TO DECEDENT SON	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PO BOX 1293 NOME, ALASKA 99762		
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 (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) _____		17. DECEDENT'S USUAL OCCUPATION BAR OWNER	
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)		16. DECEDENT'S RACE: (Continued)		18. KIND OF BUSINESS OR INDUSTRY HOSPITALITY/FOOD	
19. PLACE OF DEATH INPATIENT		21. CITY OR TOWN, STATE AND ZIP CODE NOME, ALASKA 99762		22. COUNTY OF DEATH NOME	
20. FACILITY NAME (If not institution, give street & number) NORTON SOUND HEALTH CORPORATION		23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		24. PLACE OF DISPOSITION HOME OF PEACE CEMETERY	
25. LOCATION - CITY, TOWN AND STATE SAN DIEGO, CA		26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY KEHL'S LEGACY FUNERAL HOME 11621 OLD SEWARD HWY ANCHORAGE, ALASKA 99515			
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) Jaymie Bates				28. LICENSE NUMBER (Of Licensee)	
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) 03/16/2021		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. PART I. CAUSE OF DEATH				Approximate Interval: Onset to death	
a. MULTISYSTEM ORGAN FAILURE AND SEPSIS <small>Due to (or as a consequence of):</small>				6 HOURS	
b. ENDSTAGE ALCOHOLIC CIRRHOSIS <small>Due to (or as a consequence of):</small>				4 YEARS	
c. CHRONIC ALCOHOL ABUSE DISORDER <small>Due to (or as a consequence of):</small>				>10 YEARS	
d. _____					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause HEPATIC ENCEPHALOPATHY, MASSIVE ASCITES				38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DID TOBACCO USE CONTRIBUTE TO DEATH? P				39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. IF FEMALE (PREGNANCY STATUS): 8. NOT APPLICABLE		42. MANNER OF DEATH NATURAL CAUSES			
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) DANIEL KNOBLOCH		51. ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH 1000 GREG KRUSCHEK AVENUE NOME AK 99762			
52. LICENSE NUMBER 4301085470		53. DATE CERTIFIED (MM/DD/YY) 03/22/2021			

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 **March 25, 2021**

Jana M. Nansen
State Registrar



001710930