



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: June 15, 2021

FROM: Nathan Hall, Occupational License
Examiner

RE: #838 Alaska Roadhouse Bar and Grill Transfer
Application Extension

**Requested
Action:** Request for time extension.

**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 June 3rd, 2021 AMCO received a notice from Steven Boyd Elkington, next of kin and executor of the Estate of Brent Lee Elkington, that Brent Lee Elkington, 100% shareholder and President/Secretary/Treasurer of valid beverage dispensary license #838, dba Alaska Roadhouse Bar and Grill, had passed away back on May 24th, 2020. Alaska Roadhouse Company is now requesting a 361-day time extension to file a controlling interest transfer application by May 20th, 2022 and to continue operations.

Attachments: Licensee request

TO: Alaska Alcohol and Marijuana Control Board
FROM: Steven Boyd Elkington
RE: Brent Lee Elkington/Alaska Liquor License No. 838
DATE: June 2, 2021

Please be advised that Brent Lee Elkington ("Brent") passed away on May 24, 2020. At the time of his death Brent was the sole owner of the Alaska Roadhouse Company, a corporation that owned Alaska Liquor License No. 838. The death was verbally reported to AMCO on 4/21/21, with the certificate of death submitted as documentation on 5/26/21. Since there was no will brought forward, I, as next of kin, was appointed executor of Brent's estate on 7/16/2020.

In my role as executor, I have been trying to sell the business and the liquor license, but as you are aware, the effects of the COVID19 virus have taken a hard toll on the hospitality industry. I have been fielding offers from potential buyers, but each as fallen through, therefore, I am respectfully requesting that the Board grant a one-year extension of the of the time to have the transfer application submitted for the liquor license to May 20, 2022 in order to allow sufficient time to sell the business.

Should you have any questions or require additional information, I can be reached by cell phone (707-373-8179) or by email at ozzy36@aol.com.

Respectfully,


Steven Boyd Elkington

6/2/2021
Date

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 **06/05/2020**

CERTIFICATE OF DEATH

STATE FILE NO. **2020001711**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) BRENT LEE ELKINGTON				2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. AGE-Last Birthday (Years) 57		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YY) 04/23/1963	
7a. RESIDENCE-STATE ALASKA				7b. COUNTY KENAI PENINSULA		7c. CITY OR TOWN SOLDOTNA	
7d. STREET AND NUMBER [REDACTED]				7e. APT No. [REDACTED]		7f. ZIP CODE 99669	
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 [REDACTED]		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) [REDACTED]	
11. FATHER'S NAME (First, Middle, Last) [REDACTED]				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) [REDACTED]			
13a. INFORMANT'S NAME JULIA LATTI				13b. RELATIONSHIP TO DECEDENT SIGNIFICANT OTHER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PO BOX 463 GIRDWOOD, ALASKA 99587	
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 BUSINESS 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)				18. KIND OF BUSINESS OR INDUSTRY ALASKA ROADHOUSE CO.			
19. PLACE OF DEATH: INPATIENT				20. FACILITY NAME (If not institution, give street & number) CENTRAL PENINSULA HOSPITAL		21. CITY OR TOWN, STATE AND ZIP CODE SOLDOTNA, ALASKA 99669	
22. COUNTY OF DEATH KENAI PENINSULA				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 PENINSULA CREMATORY	
25. LOCATION - CITY, TOWN AND STATE KENAI, AK				26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PENINSULA MEMORIAL CHAPEL 5839 KENAI SPUR HIGHWAY KENAI, ALASKA 99611			
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) T. GRANT WISNIEWSKI				28. LICENSE NUMBER (Of licensee) 339			
29. DATE PRONOUNCED DEAD (MM/DD/YY) [REDACTED]				30. TIME PRONOUNCED DEAD 16:54			
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) [REDACTED]				32. LICENSE NUMBER		33. DATE SIGNED (MM/DD/YY)	
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) 05/24/2020				35. ACTUAL OR PRESUMED TIME OF DEATH 16:54		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. [REDACTED] Due to (or as a consequence of): _____						UNKNOWN	
b. _____ Due to (or as a consequence of): _____							
c. _____ Due to (or as a consequence of): _____							
d. _____ Due to (or as a consequence of): _____							
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause						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? U		41. IF FEMALE (PREGNANCY STATUS) 8. NOT APPLICABLE		42. MANNER OF DEATH [REDACTED]			
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)
JAMES A LEVINE

52. LICENSE NUMBER
120492

53. DATE CERTIFIED (MM/DD/YY)
06/02/2020

51. ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
250 HOSPITAL PLACE SOLDOTNA AK 99669

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 **June 9, 2020**

Clint J. Farr
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



Daniel L. Aaronson – ABA #9406018
909 Cook Avenue
Kenai, Alaska 99611
(907) 283-7187

Attorneys for Petitioner's

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT KENAI

In the Matter of the Estate of:)	CASE NO. 3KN-20-152 PR
BRENT LEE ELKINGTON)	
Decedent.)	ORDER GRANTING PETITION FOR
)	INFORMAL PROBATE OF WILL AND
Date of Death: May 24, 2020)	AND APPOINTMENT OF PERSONAL
)	REPRESENTATIVES
)	(AS 13.16.080)

The Court has considered the petition of STEVEN B. ELKINGTON for informal probate of decedent's estate and makes these findings:

1. The petitioner is an interested person.
2. The decedent died on May 24, 2020.
3. Decedent was a resident of Alaska at the time of death.
4. Venue is proper because decedent was a resident in this judicial district at the time of death.
5. The time for probate has not expired.

JUL - 7 2020

- 6. No personal Representatives of the decedent's estate has been appointed in this state and has not been the subject of a previous probate.
- 7. The Decedent had no will.
- 8. Decedent's heirs are his brothers and sister.

Julie Dotson
PO Box 11
594 Maple Drive
Garden City Utah 84028

Mike Elkington
611 W AUGUST LANE
West Jordan, Utah 84081

Cory Elkington
9331 South 455 West
Sandy Utah 84070

Steven B. Elkington
653 WINDSOR DR
VENICIA, CA 94510

- 9. Any notice required by the laws of this state has been given.
- 10. No bond is required.

Therefore, it is ORDERED that the intestate estate is admitted to probate. It is also ordered that, STEVEN B. ELKINGTON, is appointed the personal representative of decedent's estate to serve without bond.

DATED this 16th day of July, 2020.

Amanda L. Brown
~~Superior Court Judge~~ Master Registrar
I certify that a copy of the foregoing was
✓ mailed to Carmonson CC
_____ place in court box to _____
_____ faxed to _____
✓ scanned to Carmonson
VF 7-21-2020
Clerk Date

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT KENAI

CASE NO. 3KN-20- 152 PR

LETTERS TESTAMENTARY AND ACCEPTANCE OF DUTIES

Date of Death: May 24, 2020

LETTERS TESTAMENTARY

The estate of BRENT LEE ELKINGTON, having been admitted to probate, STEVEN B. ELKINGTON is appointed Personal Representative of the estate.

Ammanda R. Browning
Registrar/Superior Court Judge Master

I certify that a copy of the foregoing was
☒ mailed to CRAM507507
☐ place in court box to _____
☐ faxed to _____
☒ scanned to CRAM507507
VF 7-21-2020
 Clerk Date

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT KENAI

In the Matter of the Estate of:

Brent Lee Elkington.

CASE NO: 3KN-20-00152PR

NOTICE OF
JUDICIAL ASSIGNMENT

This case is assigned to Superior Court Judge Lance Joanis for all purposes including trial.

Magistrate Judge Amanda Browning is assigned master in this case pursuant to Probate Rule 2 or Adoption Rule 3.

CLERK OF COURT

July 15, 2020

Date

By: VF

Deputy Clerk

I certify that on 7.21.2020
a copy of this notice was mailed or delivered to:

Aaronson

Clerk: VF

Probate Rule 2. Appointment and Authority of Masters.

(a) Appointment. The presiding judge may appoint a standing master to conduct any or all of the probate proceedings listed in subparagraph (b)(2). Appointment of standing masters must be reviewed annually. A standing master in probate shall serve as a registrar. The presiding judge may appoint a special master to conduct a proceeding which is specified in the order of reference and is listed in subparagraph (b)(2).

(b) Authority, Order of Reference.

(1) An order of reference specifying the extent of the master's authority and the type of appointment must be entered in every case assigned to a master. The order of reference must be served on all parties.

(2) The following proceedings may be referred to a master:

(A) all decedent estate hearings;

(B) guardianship and conservatorship hearings under Title 13;

(C) mental commitment, alcohol or substance abuse commitment, and medication consent hearings under Title 47;

(D) hearings on trusts;

(E) hearings on emancipations; and

(F) authorization of emergency life-saving procedures pursuant to AS 13.26.140(f)

Adoption Rule 3. Appointment and Authority of Masters.

(a) Appointment. The presiding judge may appoint a standing master to conduct adoption proceedings. Appointments of standing masters must be reviewed annually. The presiding judge may appoint a special master to conduct a proceeding which is specified in the order of reference.

(b) Authority, Order of Reference. (1) An order of reference specifying the extent of the master's authority and the type of appointment must be entered in every case assigned to a master. The order of reference must be served on all parties.