

Fill in this information to identify the case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known) Chapter **7**☐ Check if this an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor2. Debtor's name **Robert C. Graham, Ltd.**

3. Other names you know the debtor has used in the last 8 years **Rob Graham & Associates; Lawyers West**

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN) ☒ Unknown

EIN

5. Debtor's address

Principal place of business**10000 W. Charleston Blvd., Ste. 140**

Number Street

Las Vegas, Nevada 89135

City State Zip Code

Clark

County

Mailing address, if different

Number Street

P.O. Box

City State Zip Code

Location of principal assets, if different from principal place of business

Number Street

City State Zip Code

6. Debtor's website (URL) **Lawyerswest.com**

7. Type of debtor ☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☒ Other type of debtor. Specify: **Professional Corporation**

8. Type of debtor's business Check one:

Debtor **Robert C. Graham, Ltd.**

Case number (if known) _____

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor

Relationship _____
 District _____ Date filed _____ Case number, if known _____
 MM / DD / YYYY

Debtor _____ Relationship _____
 District _____ Date filed _____ Case number, if known _____
 MM / DD / YYYY

Part 3: Report About the Case

10. Venue Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
 The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are in the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

13. Each petitioner's claim

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
Estate of Michael B. Macknin	Misappropriation of Funds	\$ 1,080,265.67
The Sharona Dagani Trust	Misappropriation of Funds	\$ 473,423.50
The Margueritte Owens Revocable Trust	Misappropriation of Funds	\$ 339,567.16
		\$
Total of petitioners' claims		\$ 1,080,265.67

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Debtor Robert C. Graham, Ltd.

Case number (if known) _____

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Estate of Michael B. Macknin

Name

c/o Barbara A. Macknin9805 Cathedral Pines Avenue

Number Street

Las VegasNevada89149

City

State

Zip Code

Name and mailing address of petitioner's representative, if any

Barbara A. Macknin

Name

9805 Cathedral Pines Ave.

Number Street

Las VegasNV89149

City

State

Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

12/14/2016

MM / DD / YYYY

Barbara A. Macknin

Signature of petitioner or representative, including representative's title

Gerald M. Gordon, Esq.

Printed name

Garman Turner Gordon LLP

Firm name, if any

650 White Dr. Suite 100

Number Street

Las VegasNevada89119

City

State

Zip Code

Contact phone (725) 777-3000

Email

bknotices@gtg.legalBar number 229

State

NV
Signature of attorney

Date signed

MM / DD / YYYY

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Name

Number Street

City

State

Zip Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

Signature of petitioner or representative, including representative's title

Gerald M. Gordon, Esq.

Printed name

Garman Turner Gordon, LLP

Firm name, if any

650 White Dr. Suite 100

Number Street

Las VegasNevada89119

City

State

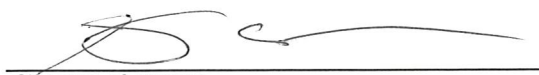
Zip Code

Contact phone (725) 777-3000

Email

bknotices@gtg.legalBar number 229

State


NV
Signature of attorney


Date signed

MM / DD / YYYY

Debtor Robert C. Graham, Ltd.

Case number (if known) _____

Petitioners or Petitioners' Representative		Attorneys
Name and mailing address of petitioner <hr/> Name <hr/> Number Street <hr/> City State Zip Code <hr/> Name and mailing address of petitioner's representative, if any <hr/> Name <hr/> Number Street <hr/> City State Zip Code <hr/> I declare under penalty of perjury that the foregoing is true and correct. Executed on <u>MM / DD / YYYY</u> <hr/> Signature of petitioner or representative, including representative's title		Gerald M. Gordon, Esq. <hr/> Printed name <hr/> Garman Turner Gordon, LLP <hr/> Firm name, if any 650 White Dr. Suite 100 <hr/> Number Street Las Vegas Nevada 89119 <hr/> City State Zip Code Contact phone <u>(725) 777-3000</u> Email <u>bknotices@gtg.legal</u> <hr/> Bar number <u>229</u> <hr/> State <u>NV</u> <hr/>  <hr/> Signature of attorney Date signed <u>MM / DD / YYYY</u>

Petitioners or Petitioners' Representative		Attorneys
Name and mailing address of petitioner The Sharona Dagoni Trust <hr/> Name c/o Sharona Dagoni 4246 Sunrise Creek Drive <hr/> Number Street San Antonio Texas 78244 <hr/> City State Zip Code <hr/> Name and mailing address of petitioner's representative, if any <u>DAVID M. BUTTERBAUGH</u> <hr/> Name <u>ATTORNEY AT LAW</u> <hr/> <u>206 E. LOCUST STREET</u> <hr/> Number Street <u>SAN ANTONIO TX 78212</u> <hr/> City State Zip Code <hr/> I declare under penalty of perjury that the foregoing is true and correct. Executed on <u>12 / 14 / 2016</u> <hr/> <u>MM / DD / YYYY</u> <hr/> Signature of petitioner or representative, including representative's title		Gerald M. Gordon, Esq. <hr/> Printed name <hr/> Garman Turner Gordon, LLP <hr/> Firm name, if any 650 White Dr. Suite 100 <hr/> Number Street Las Vegas Nevada 89119 <hr/> City State Zip Code Contact phone <u>(725) 777-3000</u> Email <u>bknotices@gtg.legal</u> <hr/> Bar number <u>229</u> <hr/> State <u>NV</u> <hr/>  <hr/> Signature of attorney Date signed <u>MM / DD / YYYY</u>

Debtor Robert C. Graham, Ltd.

Case number (if known) _____

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Laura J. Aust

Name

Guardian and Conservator of Margueritte OwensPO Box 391

Number Street

Tualatin Oregon 97062

City State Zip Code

Name and mailing address of petitioner's representative, if any

Name Laura J. Aust, President
of CSA Fiduciary Services, Inc.P.O. Box 391

Number Street

Tualatin, OR 97062

City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/15/2016
MM/DD/YYYYLaura J. Aust Guardian/
Signature of petitioner or representative, including representative's titleConservator/Successor TrusteeGerald M. Gordon, Esq.

Printed name

Garman Turner Gordon, LLP

Firm name, if any

650 White Dr. Suite 100

Number Street

Las Vegas Nevada 89119

City State Zip Code

Contact phone (725) 777-3000 Email bknotices@gtg.legalBar number 229State NV
Signature of attorney

Date signed

MM/DD/YYYY