

B2100A(Form2100A)(12/15)

UNITED STATES BANKRUPTCY COURT

In re Robert C. Graham, Ltd.

Case No. 16-16655-btb

PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

State Bar of Nevada, Clients' Security Fund

Name of Transferee

Frank S. Stroka

Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim# (if known): 19
Amount of Claim: \$16,666.67
Date Claim Filed: 03-20-2017

3100 W. Charleston Blvd., Suite 100
Las Vegas, Nevada 89102

Phone: 702-382-2200
Last Four Digits of Acct #: N/A

Phone: 702-301-0541
Last Four Digits of Acct. #: 2796

Name and Address where transferee payments should be sent (if different from above):

State Bar of Nevada, Clients' Security Fund
3100 W. Charleston Blvd., Suite 100
Las Vegas, Nevada 89102

Phone: 702-382-2200
Last Four Digits of Acct #: N/A

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: [Signature]
Transferee/Transferee's Agent

Date: 1/3/18

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

RECEIVED BY
NOV 20 2017
STATE BAR OF NEVADA

B2100A (Form 2100A) (12/15)

UNITED STATES BANKRUPTCY COURT

In re Robert C. Graham, Ltd.

Case No. 16-16655-btb

PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

State Bar of Nevada, Clients' Security Fund
Name of Transferee

Steven J. Stroka
Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): _____
Amount of Claim: \$16,666.67
Date Claim Filed: 03-20-2017

**3100 W. Charleston Blvd., Suite 100
Las Vegas, Nevada 89102**

Phone: 702-382-2200
Last Four Digits of Acct #: N/A

Phone: 847-800-6706
Last Four Digits of Acct. #: 1221

Name and Address where transferee payments should be sent (if different from above):

**State Bar of Nevada, Clients' Security Fund
3100 W. Charleston Blvd., Suite 100
Las Vegas, Nevada 89102**

Phone: 702-382-2200
Last Four Digits of Acct #: N/A

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: [Signature]
Transferee/Transferee's Agent

Date: 1/3/18

RECEIVED BY

NOV 20 2017

STATE BAR OF NEVADA

B2100A (Form 2100A) (12/15)

UNITED STATES BANKRUPTCY COURT

In re Robert C. Graham, Ltd.

Case No. 16-16655-btb

PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(c)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

State Bar of Nevada, Clients' Security Fund

Name of Transferee

Joseph M. Stroka, Jr.

Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim# (if known): _____
Amount of Claim: \$16,666.67
Date Claim Filed: 3-20-2017

3100 W. Charleston Blvd., Suite 100
Las Vegas, Nevada 89102

Phone: 702-382-2200
Last Four Digits of Acct #: N/A

Phone: 847-298-3225
Last Four Digits of Acct. #: 1555

Name and Address where transferee payments should be sent (if different from above):

State Bar of Nevada, Clients' Security Fund
3100 W. Charleston Blvd., Suite 100
Las Vegas, Nevada 89102

Phone: 702-382-2200
Last Four Digits of Acct #: N/A

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: [Signature]
Transferee/Transferee's Agent

Date: 1/3/18

Fill in this information to identify the case:

Debtor 1 ROBERT C. GRAHAM, LTD. fka ROB GRAHAM & ASSA

Debtor 2
(Spouse if Ring)

United States Bankruptcy Court for the District of Nevada

Case number BK-S-16-16655-BTB

RECEIVED BY
NOV 20 2017
STATE BAR OF NEVADA

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1 Identify the Claim

1. Who is the current creditor?
FRANK STROKA/EXECUTOR
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?
 No
 Yes. From whom?

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?
David Mincin, Esq. Mincin Law, PLLC
Name
7465 W. Lake Mead Boulevard, #100
Number Street
Las Vegas NV 89128
City State ZIP Code

Where should payments to the creditor be sent? (if different)
Same Address
Name
7465 W. Lake Mead Boulevard, #100
Number Street
Las Vegas NV 89128
City State ZIP Code

Contact phone 702-852-1957
Contact email dmincin@mincinlaw.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one)

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known)

Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing?

Case 16-16655-btb Claim 19-1 Filed 03/20/17 Page 2 of 10

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4 2 0 2

7. How much is the claim? \$ 116,981.81. Does this amount include interest or other charges? No Yes. Attach statement showing interest, fees, expenses, or other charges (required by Bankruptcy Rule 3001(c)(2)(A)).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Real Property Sold in Probate from the Estate of Lorraine S. Stroka

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: SALE OF REAL PROPERTY

Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ 116,981.81

Amount of the claim that is secured: \$ 116,981.81

Amount of the claim that is unsecured: \$ _____ The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ % Fixed Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

Case 16-16655-btb Claim 19-1 Filed 03/20/17 Page 3 of 10

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
- Yes. Check all that apply:
 - Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Amount entitled to priority
\$ _____
 - Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
 - Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____
 - Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
 - Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9). \$ _____
 - Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

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

Executed on date 03/17/2017
MM / DD / YYYY

/s/ David Mincin
Signature

Print the name of the person who is completing and signing this claim:

Name David Mincin, Esq.
First name Middle name Last name

Title Attorney

Company Mincin Law, PLLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7465 W. Lake Mead Boulevard, #100
Number Street

Las Vegas NV 89128
City State ZIP Code

Contact phone 702-852-1957 Email dmincin@mincinlaw.com

Case 16-16655-btb Claim 19-1 Filed 03/20/17 Page 4 of 10

ATTACHMENTS

Closing Date 06/06/2016
 Disbursement Date 06/06/2016
 Settlement Agent Title Services of Nevada, LLC dba NexTitle
 File # NXNV-0217199
 Property 6808 Dorita Ave
 Unit 102
 Las Vegas, NV 89108

Las Vegas, NV 89129
 Claim 19-1 Filed 03/20/17 Page 5 of 10
 Seller Frank S Straka
 NV

Sale Price \$128,000

Summary of Transactions

SELLER'S TRANSACTION		
M. Due to Seller at Closing		\$128,221.57
01 Sale Price of Property		\$128,000.00
02 Sale Price of Any Personal Property Included in Sale		
03 Sewer Proration	06/06/16-06/30/16	\$13.50
04		
05 Trash	06/06/16-08/31/16	\$40.97
06 HOA	06/06/16-06/30/16	\$116.67
07		
08		
Adjustments for Items Paid by Seller in Advance		
09 City/Town Taxes		
10 County Taxes	06/06/16 to 07/01/16	\$50.49
11 Assessments		
12		
13		
14		
15		
16		
N. Due from Seller at Closing		\$11,239.76
01 Excess Deposit		
02 Closing Costs Paid at Closing (C)		\$10,098.76
03 Existing Loan(s) Assumed or Taken Subject to		
04 Payoff of First Mortgage Loan		
05 Payoff of Second Mortgage Loan		
06 Title - Adjustment for Owner's Premium		\$871.00
07		
08 Seller Credit		\$270.00
09		
10		
11		
12		
13		
Adjustments for Items Unpaid by Seller		
14 City/Town Taxes		
15 County Taxes		
16 Assessments		
17		
18		
19		
CALCULATION		
Total Due to Seller at Closing (M)		\$128,221.57
Total Due from Seller at Closing (N)		-\$11,239.76
Cash <input type="checkbox"/> From <input checked="" type="checkbox"/> To Seller		\$116,981.81

Contact Information

REAL ESTATE BROKER (B)

Name	Ryan Mahony
Address	8395 W. Sunset Road Suite 190 Las Vegas, NV 89113
License ID	
Contact	
Contact License ID	
Email	
Phone	

REAL ESTATE BROKER (S)

Name	Abigail Engelberg
Address	5550 Painted Mirage Drive Suite 140 Las Vegas, NV 89149
License ID	
Contact	
Contact License ID	
Email	
Phone	

SETTLEMENT AGENT

Name	Title Services of Nevada, LLC dba NexTitle
Address	2835 St. Rose Pkwy Ste 130 Henderson, NV 89052
License ID	744363
Contact	Lorraine Velko
Contact License ID	
Email	lvelko@nextitle.com
Phone	(702)322-9074

11/18/2017 12:59 7026587054

THE UPS STORE 4148

Pending Fee to Freedom Mortgage 16655-Jtb Claim 19-1 Filed 03/20/17 Page 6 of 10	
.5	
06	
07	
08	
B. Services Borrower Did Not Shop For	
01	Appraisal Fee to AAA Amc
02	Appraisal Final Inspection to AAA Amc
03	Flood Certification to Credit Plus
04	Mortgage Insurance Premium to Department of HUD
05	to
06	
07	
08	
09	
10	
C. Services Borrower Did Shop For	
01	Title - 3rd Party Notary to Only If Needed
02	Title - ALTA Endorsement 8.1 (Environmental Protection Lien) to Title Services of Nevada, LLC
03	Title - CPL Fee to Old Republic National Title Insurance Company
04	Title - Lender's Title Insurance to Title Services of Nevada, LLC dba NexTitle
05	Title - Reconciled Services to Title Services of Nevada, LLC dba NexTitle
06	Title - Settlement Fee to Title Services of Nevada, LLC dba NexTitle
07	
08	



Case 16-16655-bth, Claim 10-1 Filed 02/20/17 Page 7 of 10
CLIENTS SECURITY FUND
APPLICATION FOR REIMBURSEMENT

Answer every question in this application. If space is inadequate, attach additional pages.

1. Mr. Mrs. Ms.

Name: Frank S. Stroka
Address: 7008 Golden Desert Ave. City: Las Vegas State: NV Zip: 89129
Home Phone: 702 301-0541 Alternate Phone: 702-501-6120
Email (optional): lezstroka@yahoo.com

2. Name and current or last known address of attorney involved:

Name: Lawyers West
10000 W. Charleston Blvd.
Address: Las Vegas City: State: NV Zip: 89135

3. Statement of facts relating to your complaint about the attorney's conduct or dishonest act:

Sold property in Probate from State of Lorraine S. Stroka, Received \$116,891.00 paid to Lawyers West trust Acct. since then no communications stalling tactics, no return calls always saying need another Court date, This money was willed to me (Frank Stroka) and my 2 brothers name Joseph M Stroka and Steven John Stroka.

4. Amount of claim: \$116,891.00

5. Statement of your financial loss (you must provide a copy of all receipts, canceled checks and/or bank statements that provide evidence of monies you paid to the attorney):

Retainer \$ 1000.00 2 checks for \$ 500.00

6. When did the loss occur: June 7 2016

11/18/2017 12:59 7026587064

THE UPS STORE 4148

APPLICATION FOR REIMBURSEMENT Case 16-16655-0000-1 Filed 03/20/17 Page 8 of 10

Page 2 of 4

7. What efforts, if any, have you made to recover the loss?

None

- Creditor's claim in estate. Case Number:
- Fee Dispute. Case Number:
- Small Claims Court action. Case Number:
- Malpractice action. Case Number:
- Police Report. Case Number:

Fraud claim with bank for forged endorsement. Explanation:

Other. Explanation: Didn't know I had a problem until he closed his doors.

8. List any other sources for reimbursement of loss, such as insurance: (see #7 suggestions)

N/A

9. Did the attorney that you are filing a complaint against do any work for you? Yes No

If yes, please state what work was done and attach copies of ALL documents.

Transferred property on 7008 Golden desert Ave to me.

10. Have you filed bankruptcy in the past 10 years? No Yes

If yes, please mark the corresponding bankruptcy filed.

- Chapter 7
- Chapter 11
- Chapter 13
- Other

Provide the date the bankruptcy was filed, the case number and the current status of the bankruptcy.



STATE BAR OF NEVADA
CLIENTS' SECURITY FUND
Case 16-16655-btb Claim 19-1 Filed 03/20/17 Page 9 of 10
APPLICATION FOR REIMBURSEMENT

Page 3 of 4

11. If another attorney has been retained, please provide the following information: N/A

Attorney Name: Cassidy and Cassidy

Amount paid to your new attorney: none

Please explain what work has been done by the new attorney and provide copies (if any).

[Empty box for explanation of work done by new attorney]

12. To the best of your knowledge, has the attorney involved: (Check all that apply)

- Died Had a guardian appointed (either personal or estate)
- Been disbarred or suspended from practice Been found mentally incompetent
- Had disciplinary proceedings started in the State of Nevada Disappeared
- Voluntarily given up his or her right to practice law in the State of Nevada

13. Please provide additional information on any answer checked on question #12.

[Empty box for additional information on question 12]

14. Please provide names and contact information for other persons who can provide additional information concerning this claim:

Name: Steven Stroka

Address: 1304 N Geneva Dr. 3b

City: Palatine State: IL Zip: 60074

Phone: 847-800-6706

Name: Joseph Stroka

Address: 9029 Western Ave.

City: Des Plaines State: IL Zip: 60016

Phone: 847-298-3225

Email (optional): _____

Email (optional): _____

THE UPS STORE 4148

11/18/2017 12:59 7026587064

... named attorney was licensed to practice law in the State of Nevada and while a lawyer-client relationship existed between the attorney and Applicant

Case 16-16655-btb Claim 19-1 Filed 08/29/17 Page 10 of 10

- 16. Applicant represents that Applicant has at no time been a partner or associate or spouse or other immediate family member of the above-named attorney.
- 17. Applicant agrees to cooperate in the investigation of this claim and in any related disciplinary proceedings against the above-named attorney. Before any payment can be received from the Clients' Security Fund, Applicant must sign and deliver to the State Bar an agreement whereby the State Bar of Nevada is subrogated to the rights against the above-named attorney in an amount equal to the amount paid to the applicant plus any costs incurred by the State Bar of Nevada in recovering that amount from the attorney of his or her estate, personal representatives, assigns or successors in interest.

Applicant understands and agrees that:

- (a) Any reimbursement of loss from the Clients' Security Fund is at the sole discretion of the Clients' Security Fund Committee and not a matter of right. No person has any right to a reimbursement from the Fund as a third-party beneficiary or otherwise, either before or after allowance of the claim.
- (b) If an attorney is retained to assist in the preparation of this claim, it is the policy of the Clients' Security Fund Committee that no fee or other compensation be paid to the attorney.
- (c) The Clients' Security Fund Committee may award a portion of the reimbursement directly to third parties affected by the loss.

APPLICATION MUST BE VERIFIED

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL RELEVANT DOCUMENTS, ETC ARE ATTACHED

State of Nevada }
 }
 County of _____ }

_____, being first duly sworn, deposes and says: That (he/she) is the applicant in the above application; that (he/she) has read the application and knows the contents thereof, and the same is true of (his/her) own knowledge.

Signature of Applicant

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public in and for said County and State

STATE BAR OF NEVADA
 3100 W. CHARLESTON BLVD.,
 SUITE 100
 LAS VEGAS, NV 89102
 (702) 382-2200
 (800) 254-2797

OF

LORRAINE STELLA STROKA

I, **LORRAINE STELLA STROKA**, also known as **LORRAINE STELLA JILKA**, a resident of the County of Clark, State of Nevada, being of sound mind and disposing memory, hereby make and declare this to be my Last Will and Testament and revoke all other Wills and Codicils previously made by me.

I.

I declare that I am a widow, and I have five children, **KATHLEEN LORRAINE PREKOS, FRANK STANLEY STROKA, JOSEPH MICHAEL STROKA, JR., STEVEN JOHN STROKA**, and **NANCY SUSAN VENTURA**.

II.

I hereby appoint my son, **FRANK STANLEY STROKA**, as Executor of this Will, and I direct that no bond be required of him for the faithful performance of his duties. In the event that my son, **FRANK STANLEY STROKA**, should not survive me or for any reason desire not to so serve, I hereby appoint my son, **STEVEN JOHN STROKA**, to serve as Executrix of my Will with the same powers and discretions as are herein vested in my Executor.

III.

I direct my Executor to pay my just debts and expenses of last illness, funeral expenses, and burial expenses as soon after my death as is practical. I direct that I be buried next to my husband, **JOSEPH STROKA**, in St. Albert's Cemetery in Niles, Illinois, where I have prepaid arrangements.

Testatrix's Initials

LSJ

Page 1

IV.

I give the entirety of my estate, real and personal, of whatever it shall consist, wherever situate and whenever acquired, of which I shall die seized or possessed or to which I may be in any way entitled at the time of my death, as follows:

- (A) *Certain of my personal possessions shall be distributed in accordance with the list I have attached to my Will.*
- (B) *The house at 7008 Golden Desert Avenue, Las Vegas, Nevada, 89129, to my son, FRANK STANLEY STROKA, if he survives me.*
- (C) *All the rest, residue, and remainder of my estate in three (3) equal shares to my sons, namely, FRANK STANLEY STROKA, JOSEPH MICHAEL STROKA, JR., and STEVEN JOHN STROKA, or the survivor(s) thereof.*
- (D) *I have intentionally omitted all of my heirs who are not specifically mentioned herein, intending thereby to disinherit them. I have in mind my daughters, KATHLEEN LORRAINE PREKOS and NANCY SUSAN VENTURA, because they are already financially well provided for. I have intentionally made no provision in my Will for them.*

V.

If any beneficiary does not survive my death by at least thirty (30) days, he or she will be deemed to have predeceased me, and all benefits or property otherwise passing to such beneficiary shall pass as though the beneficiary did not survive me.

VI.

I give my said Executor the fullest power and authority in all matters and questions and to do all acts which I might or could do had I lived, including, without limitation, complete power and authority to sell, lease, or mortgage the whole or any part of my estate, at public or private sale, and dispose of my property upon such terms and conditions as he shall determine.

VII.

Testatrix's Initials *ZL*

Page 2

Should any part, clause, provision, or condition of this Will be held to be void, invalid, and/or inoperative, then I direct that such invalidity shall not affect any other clause, provision, and/or condition hereof, but the remainder of this Will shall be effective as though such void clause, provision, and/or condition had not been contained herein.

IN WITNESS WHEREOF, I have hereunto set my hand and subscribed my name at Las Vegas, Nevada, on this 8 day of October, 2012.

Lorraine Stella Stroka
LORRAINE STELLA STROKA

The foregoing instrument, consisting of four pages, three besides this page, was signed by the said Testatrix, LORRAINE STELLA STROKA, in our presence and at the time was published and declared by her as and for her Last Will and Testament, and in her presence and at her request, and in the presence of each other, we have hereunto set our hands and subscribed our names at Las Vegas, Nevada, on this 8 day of October, 2012.

Carol A. [Signature] Address 310 S. 9th Street - 2nd Floor
Las Vegas, Nevada 89101

Rebecca [Signature] Address 310 S. 9th Street - 2nd Floor
Las Vegas, Nevada 89101

///
///
///
///
///
///

LSS
Testatrix's Initials _____

STATE OF NEVADA)
)
COUNTY OF CLARK)

Dated this 8 day of Oct, 2012.

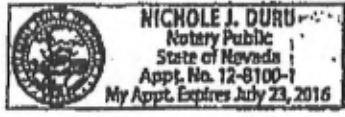
Then and there personally appeared the within-named
CAROL A. KINGMAN and Rebecca Blood who, being duly
sworn, depose and say:

That they witnessed the execution of the within Will of the within-named Testatrix,
LORRAINE STELLA STROKA; that said Testatrix subscribed said Will and declared the same to
be her Last Will and Testament in their presence; that they thereafter subscribed the same as
witnesses in the presence of said Testatrix and that the said Testatrix at the time of the execution of
said Will appeared to them to be of full age and of sound mind and memory, and that they make this
affidavit at the request of said Testatrix.

Carol A. Kingman
Rebecca Blood

SUBSCRIBED and SWORN to before me
this 8 day of October, 2012.

Nichole J. Duru
NOTARY PUBLIC



Testatrix's Initials LS

RECEIVED BY
NOV 16 2017
STATE BAR OF NEVADA

SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Frank S. Stroka of 7008 Golden Desert Ave., Las Vegas, NV, 89129, claims to have sustained losses and damages resulting from or by reason of the defalcation, fraud, improper handling, failure or refusal to account, or mismanagement of funds or property of the undersigned or in which the undersigned has an interest against Robert Graham, Bar Number: 4618.

NOW, THEREFORE, for and in consideration of the total sum of \$16,666.67, the receipt of which is hereby acknowledged from the STATE BAR OF NEVADA, which sum was paid in compensation of and on account of the aforesaid claims, I, the undersigned, hereby assign and subrogate, up to the amount above recited, my right, title and interest in and to any and all claims for such defalcations, frauds, improper handlings, failures or refusals to account, or mismanagement, to the STATE BAR OF NEVADA; and I hereby authorize the STATE BAR OF NEVADA to make claims, including estate claims, compromise or sue in my name or any other name to the extent of the aforesaid sum, and it is fully subrogated to all my rights in the premises and duly authorized to do any and all things in my name and as my attorney as necessary to any such claim, compromise or suit, it being expressly agreed that any action taken by said STATE BAR OF NEVADA in its own interest as created herein shall be at no cost or expense to the undersigned.

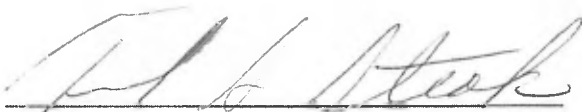
The undersigned warrants that no payment for any sums or in any form has been received directly or indirectly from said Robert Graham in any way related to the claims above delineated. This includes any reimbursement from an estate proceeding.

The undersigned agrees that he will cooperate in all ways reasonably requested by the STATE BAR OF NEVADA or its attorneys in the prosecution of such suits as may be brought by it, execute all documents requested by it and testify if requested by it.

The undersigned further agrees that he will not bring any suit in regard to the total overall claim, including the amount paid in consideration of this agreement, unless the STATE BAR OF NEVADA shall fail to do so within 60 days of receipt by it of a written demand for the same, except that if, in the judgment of the undersigned, such delay will prejudice the collection of the claim or will prejudice the obtaining of security therefore by attachment or otherwise, then the undersigned may begin suit for not less than the full amount paid for this agreement and will so notify the STATE BAR OF NEVADA in writing by certified mail within ten (10) days after the commencement of the suit. Such suit may include the amount due the client over and above the consideration paid for this agreement. The STATE BAR OF NEVADA may intervene or join in such action to the extent of its interest by virtue of this agreement.

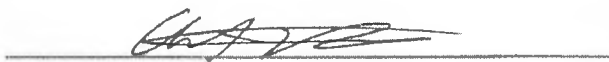
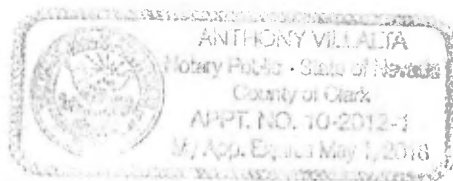
The undersigned further agrees that in respect of any suit brought to recover on the above claims, whether or not the STATE BAR OF NEVADA has entered or prosecuted its interest, the proceeds of any settlement or adjudication shall, in order, be applied to the amount of reimbursement paid by the STATE BAR OF NEVADA as above set forth, and its expenses in relation to such suit, all sums over and above such reimbursement and expenses to be paid to the undersigned.

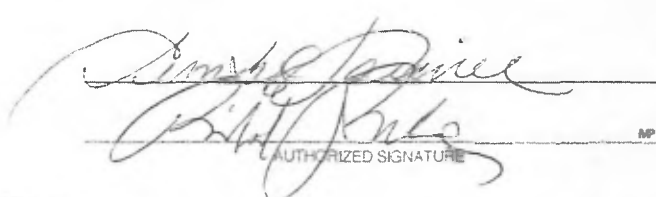

DATED this 16TH day of NOVEMBER 2017.



Frank S. Stroka

Subscribed and sworn to, and acknowledged to me to be Frank S. Stroka's free act and deed before me this 16 day of NOVEMBER 2017.


NOTARY PUBLIC

<p>STATE BAR OF NEVADA CLIENT SECURITY FUND 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200</p>	<p>WELLS FARGO BANK, N.A. www.wellsfargo.com</p>	<p>2227</p>
		12/5/2017
PAY TO THE ORDER OF	Stroka, Frank S.	\$ **16,666.67
<p>Sixteen Thousand Six Hundred Sixty-Six and 67/100*****</p>		DOLLARS
<p>Stroka, Frank S. 7008 Golden Desert Avenue Las Vegas, NV 89129</p>		 AUTHORIZED SIGNATURE
MEMO	CSF17-005; Stroka v. Graham	
		

Details on Back Security Features Included

STATE BAR OF NEVADA CLIENT SECURITY FUND

2227

Stroka, Frank S.					12/5/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/28/2017	Bill	CSF17-005	16,666.67	16,666.67		16,666.67
				Check Amount		16,666.67

Wells Fargo- CSF acc CSF17-005; Stroka v. Graham

16,666.67

SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Steven J. Stroka of 1304 N. Geneva Dr., 3b, Palatine, IL, 60074, claims to have sustained losses and damages resulting from or by reason of the defalcation, fraud, improper handling, failure or refusal to account, or mismanagement of funds or property of the undersigned or in which the undersigned has an interest against Robert Graham, Bar Number: 4618.

NOW, THEREFORE, for and in consideration of the total sum of \$16,666.67, the receipt of which is hereby acknowledged from the STATE BAR OF NEVADA, which sum was paid in compensation of and on account of the aforesaid claims, I, the undersigned, hereby assign and subrogate, up to the amount above recited, my right, title and interest in and to any and all claims for such defalcations, frauds, improper handlings, failures or refusals to account, or mismanagement, to the STATE BAR OF NEVADA; and I hereby authorize the STATE BAR OF NEVADA to make claims, including estate claims, compromise or sue in my name or any other name to the extent of the aforesaid sum, and it is fully subrogated to all my rights in the premises and duly authorized to do any and all things in my name and as my attorney as necessary to any such claim, compromise or suit, it being expressly agreed that any action taken by said STATE BAR OF NEVADA in its own interest as created herein shall be at no cost or expense to the undersigned.

The undersigned warrants that no payment for any sums or in any form has been received directly or indirectly from said Robert Graham in any way related to the claims above delineated. This includes any reimbursement from an estate proceeding.

The undersigned agrees that he will cooperate in all ways reasonably requested by the STATE BAR OF NEVADA or its attorneys in the prosecution of such suits as may be brought by it, execute all documents requested by it and testify if requested by it.

The undersigned further agrees that he will not bring any suit in regard to the total overall claim, including the amount paid in consideration of this agreement, unless the STATE BAR OF NEVADA shall fail to do so within 60 days of receipt by it of a written demand for the same, except that if, in the judgment of the undersigned, such delay will prejudice the collection of the claim or will prejudice the obtaining of security therefore by attachment or otherwise, then the undersigned may begin suit for not less than the full amount paid for this agreement and will so notify the STATE BAR OF NEVADA in writing by certified mail within ten (10) days after the commencement of the suit. Such suit may include the amount due the client over and above the consideration paid for this agreement. The STATE BAR OF NEVADA may intervene or join in such action to the extent of its interest by virtue of this agreement.

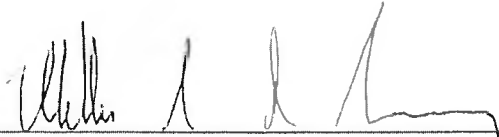
The undersigned further agrees that in respect of any suit brought to recover on the above claims, whether or not the STATE BAR OF NEVADA has entered or prosecuted its interest, the proceeds of any settlement or adjudication shall, in order, be applied to the amount of reimbursement paid by the STATE BAR OF NEVADA as above set forth, and its expenses in relation to such suit, all sums over and above such reimbursement and expenses to be paid to the undersigned.

DATED this 16 day of November, 20 17.

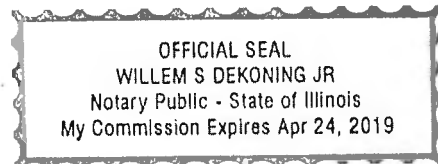



Steven J. Stroka

Subscribed and sworn to, and acknowledged to me to be Steven Stroka's free act and deed before me this 16 day of November, 20 17.



NOTARY PUBLIC



<p>STATE BAR OF NEVADA CLIENT SECURITY FUND 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200</p>	<p>WELLS FARGO BANK, N.A. www.wellsfargo.com</p>	<p>2229</p>	
		<p>12/5/2017</p>	
<p>PAY TO THE ORDER OF Stroka, Steven</p>		<p>\$ **16,666.67</p>	<p>Details on Back</p>
<p>Sixteen Thousand Six Hundred Sixty-Six and 67/100*****</p>			<p>DOLLARS</p>
<p>Stroka, Steven 1304 N. Geneva Dr., 3b Palatine, IL 60074</p>			<p>Security Features Included</p>
<p>MEMO</p> <p>CSF17-005; Stroka v. Graham</p>	 AUTHORIZED SIGNATURE		

STATE BAR OF NEVADA CLIENT SECURITY FUND

2229

		Stroka, Steven			12/5/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/28/2017	Bill	CSF17-005	16,666.67	16,666.67		16,666.67
				Check Amount		16,666.67

Wells Fargo- CSF acc CSF17-005; Stroka v. Graham

16,666.67

SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Joseph M. Stroka, Jr. of 9029 Western Ave., Des Plaines, IL, 60016, claims to have sustained losses and damages resulting from or by reason of the defalcation, fraud, improper handling, failure or refusal to account, or mismanagement of funds or property of the undersigned or in which the undersigned has an interest against Robert Graham, Bar Number: 4618

NOW, THEREFORE, for and in consideration of the total sum of \$16,666.67, the receipt of which is hereby acknowledged from the STATE BAR OF NEVADA, which sum was paid in compensation of and on account of the aforesaid claims, I, the undersigned, hereby assign and subrogate, up to the amount above recited, my right, title and interest in and to any and all claims for such defalcations, frauds, improper handlings, failures or refusals to account, or mismanagement, to the STATE BAR OF NEVADA; and I hereby authorize the STATE BAR OF NEVADA to make claims, including estate claims, compromise or sue in my name or any other name to the extent of the aforesaid sum, and it is fully subrogated to all my rights in the premises and duly authorized to do any and all things in my name and as my attorney as necessary to any such claim, compromise or suit, it being expressly agreed that any action taken by said STATE BAR OF NEVADA in its own interest as created herein shall be at no cost or expense to the undersigned.

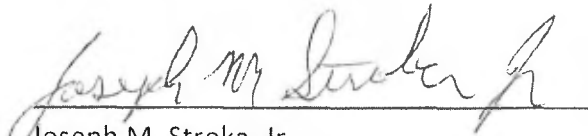
The undersigned warrants that no payment for any sums or in any form has been received directly or indirectly from said Robert Graham in any way related to the claims above delineated. This includes any reimbursement from an estate proceeding.

The undersigned agrees that he will cooperate in all ways reasonably requested by the STATE BAR OF NEVADA or its attorneys in the prosecution of such suits as may be brought by it, execute all documents requested by it and testify if requested by it.

The undersigned further agrees that he will not bring any suit in regard to the total overall claim, including the amount paid in consideration of this agreement, unless the STATE BAR OF NEVADA shall fail to do so within 60 days of receipt by it of a written demand for the same, except that if, in the judgment of the undersigned, such delay will prejudice the collection of the claim or will prejudice the obtaining of security therefore by attachment or otherwise, then the undersigned may begin suit for not less than the full amount paid for this agreement and will so notify the STATE BAR OF NEVADA in writing by certified mail within ten (10) days after the commencement of the suit. Such suit may include the amount due the client over and above the consideration paid for this agreement. The STATE BAR OF NEVADA may intervene or join in such action to the extent of its interest by virtue of this agreement.

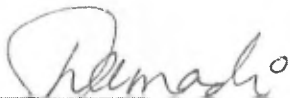
The undersigned further agrees that in respect of any suit brought to recover on the above claims, whether or not the STATE BAR OF NEVADA has entered or prosecuted its interest, the proceeds of any settlement or adjudication shall, in order, be applied to the amount of reimbursement paid by the STATE BAR OF NEVADA as above set forth, and its expenses in relation to such suit, all sums over and above such reimbursement and expenses to be paid to the undersigned.

DATED this 16 day of NOV, 2017.

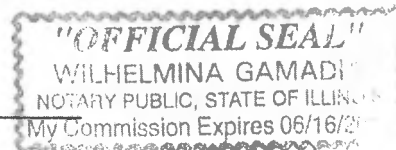


Joseph M. Stroka, Jr.

Subscribed and sworn to, and acknowledged to me to be Joseph M. Stroka Jr.'s free act and deed before me this 16th day of November, 2017.



NOTARY PUBLIC



<p>STATE BAR OF NEVADA CLIENT SECURITY FUND 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200</p>	<p>WELLS FARGO BANK, N.A. www.wellsfargo.com</p>	<p>2228</p> <p>12/5/2017</p>
<p>PAY TO THE ORDER OF Stroka, Jr., Joseph M.</p>		<p>\$ **16,666.67</p>
<p>Sixteen Thousand Six Hundred Sixty-Six and 67/100*****</p>		<p>DOLLARS </p>
<p>MEMO</p> <p>CSF17-005; Stroka v. Graham</p>		<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; font-size: small;">AUTHORIZED SIGNATURE</p>

STATE BAR OF NEVADA CLIENT SECURITY FUND

2228

	Stroka, Jr., Joseph M.				12/5/2017
Date	Type Reference	Original Amt.	Balance Due	Discount	Payment
11/28/2017	Bill CSF17-005	16,666.67	16,666.67		16,666.67
				Check Amount	16,666.67

Wells Fargo- CSF acc CSF17-005; Stroka v. Graham

16,666.67