

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

Warren West, David Brignac  
Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known) 22 + 50  
Amount of Claim: \$49,753.15  
Date Claim Filed: 3/29/17 Amended 06/06/17

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

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

Phone: 702-461-4419  
Last Four Digits of Acct. #: 7361 West  
# 2665 Brignac

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: 1/29/19

Fill in this information to identify the case:

Debtor 1 Robert C. Graham, Ltd. fdba Robert Graham & Associates fdba LawyersWest

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number 16-16655-btb

**Official Form 410**  
**Proof of Claim**

04/16

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?	<u>The Estate of Myra Hilpert</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Warren West, David Brignac</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>c/o Brian P. Eagan, Esq.</u> Name <u>9060 W. Cheyenne Avenue</u> Number Street <u>Las Vegas, Nevada 89129</u> City State ZIP Code Contact phone <u>702-589-3509</u> Contact email <u>beagan@sdfnvlaw.com</u>	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**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: \_\_\_\_\_

7. How much is the claim? \$ 1,202,467.81 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing 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.  
Estate proceeds that were being held in IOLTA trust account for the benefit of creditor(s)/ conversion of Estate assets being held in IOLTA trust account for benefit of creditor(s)

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: \_\_\_\_\_  
 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: \$ \_\_\_\_\_  
 Amount of the claim that is secured: \$ \_\_\_\_\_  
 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: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**  No

Yes. Check one:

<input type="checkbox"/> 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 \$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/18 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.

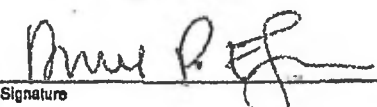
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 03/24/2017  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Brian P. Eagan  
First name Middle name Last name

Title Attorney

Company Solomon Dwiggin & Freer, Ltd.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 9060 W. Cheyenne Avenue  
Number Street

Las Vegas NV 89129  
City State ZIP Code

Contact phone 702-589-3509 Email beagan@sdfnlaw.com

**Fill in this information to identify the case:**

Debtor 1 Robert C. Graham, Ltd. fdba Robert Graham & Associates fdba LawyersWest

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Nevada

Case number 16-16655-btb

Official Form 410

**Proof of Claim**

04/16

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? The Estate of Myra Hilpert  
Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor Warren West, David Brignac

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)  
 Name c/o Brian P. Eagan, Esq.  
 Number 9060 W. Cheyenne Avenue Street  
 City Las Vegas, Nevada 89129 State ZIP Code  
 Contact phone 702-589-3509  
 Contact email beagan@sdfnvlaw.com

Where should payments to the creditor be sent? (if different)  
 Name \_\_\_\_\_  
 Number \_\_\_\_\_ Street  
 City \_\_\_\_\_ State ZIP Code  
 Contact phone \_\_\_\_\_  
 Contact email \_\_\_\_\_

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) 22 Filed on 03/24/2017  
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? Brian P. Eagan, Esq.

**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: \_\_\_\_\_

7. How much is the claim? \$ 1,202,467.81 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing 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.  
Estate proceeds that were being held in IOLTA trust account for the benefit of creditor(s)/ conversion of Estate assets being held in IOLTA trust account for benefit of creditor(s)

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: \_\_\_\_\_  
**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:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**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: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?  No

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

Yes. Check one:

<input type="checkbox"/> 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
_____	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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.

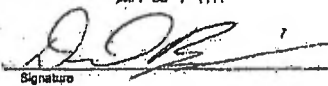
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 06/01/2017  
MM / DD / YYYY

  
 Signature

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

Name David P. Brignac  
First name Middle name Last name

Title Personal Representative of the Estate of Myra Hilpert

Company c/o Brian P. Eagan, Esq., Solomon Duggins & Freer, Ltd.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 9060 W. Cheyenne Avenue  
Number Street

Las Vegas NV 89129  
City State ZIP Code

Contact phone 702-689-3509 Email beagan@sdfnlaw.com

**Fill in this information to identify the case:**

Debtor 1 <u>Linda Graham</u>
Debtor 2
(Spouse, if filing)
<u>United States Bankruptcy Court District of Colorado</u>
Case number: <u>16-22532</u>

**FILED**  
 U.S. Bankruptcy Court  
 District of Colorado  
 6/8/2017  
 Kenneth S. Gardner, Clerk

**Official Form 410  
 Proof of Claim**

04/16

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**

<b>1. Who is the current creditor?</b>	<u>The Estate of Myra Hilpert</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Warrent West, David Brignac</u>
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>The Estate of Myra Hilpert</u>	_____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>c/o Brian P. Eagan Solomon, Dwiggin, and Freer 9060 W. Cheyenne Ave. Las Vegas, NV 89129</u>	Name _____
	Contact phone <u>702-589-3509</u>	Contact phone _____
	Contact email <u>beagan@sdfnlaw.com</u>	Contact email _____
	Uniform claim Identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM/DD/YYYY
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**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: \_\_\_\_\_

7. How much is the claim? \$ 1202467.81 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing 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 healthcare information.  
 Estate proceeds being held in IOLTA trust account FBO creditor(s)/conversion of Estate assets being held in IOLTA  
 \_\_\_\_\_

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: \_\_\_\_\_  
**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:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**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: \_\_\_\_\_

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check all that apply:</p>	<p style="text-align: right;">Amount entitled to priority</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies \$ _____</p>
--	--	--

\* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>6/8/2017</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ David Brignac</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>David Brignac</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>Personal Representative of Estate of Myra Hilpct</u></p> <p>Company <u>c/o SOLOMON DWIGGINS &amp; FREER, LTD.</u></p> <p>Address <u>9060 W. Cheyenne Avenue</u></p> <p style="text-align: center;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Las Vegas, NV 89129</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>702-589-3509</u> Email <u>beagan@sdfnlaw.com</u></p>
--	--

RECEIVED BY  
DEC 03 2018  
STATE BAR OF NEVADA

**SUBROGATION AGREEMENT**

KNOW ALL MEN BY THESE PRESENT, that whereas Warren West and David Brignac of 5910 Fontenelle Dr., Houston, TX, 77035, claim 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 \$49,753.15, 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 they 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 they 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 19<sup>th</sup> day of NOVEMBER, 20 18.

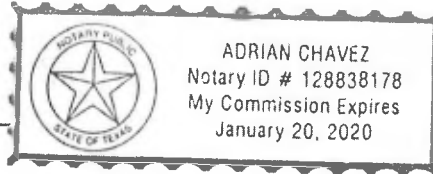
[Handwritten Signature]

Warren West

Subscribed and sworn to, and acknowledged to me to be Warren West's free act and deed before me this 19<sup>th</sup> day of NOVEMBER, 20 18.

[Handwritten Signature]

NOTARY PUBLIC



DATED this 19<sup>th</sup> day of NOVEMBER, 20 18.

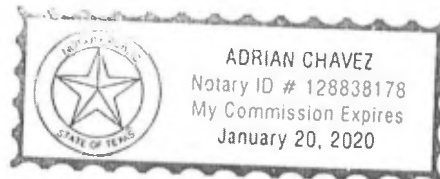
[Handwritten Signature]

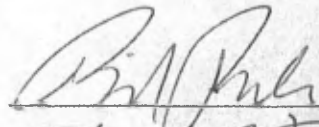

David Brignac

Subscribed and sworn to, and acknowledged to me to be David Brignac's free act and deed before me this 19<sup>th</sup> day of NOVEMBER, 20 18.

[Handwritten Signature]

NOTARY PUBLIC



<b>STATE BAR OF NEVADA CLIENT SECURITY FUND</b> 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200	WELLS FARGO BANK, N.A. www.wellsfargo.com 94-7074/3212	2273  12/6/2018	
PAY TO THE ORDER OF Warren West and David Brignac		\$ **49,753.15	Details on Back
Forty-Nine Thousand Seven Hundred Fifty-Three and 15/100*****		DOLLARS	Security Features Included
Warren West and David Brignac 5910 Fontenelle Dr. Houston, TX 77035		  AUTHORIZED SIGNATURE	
MEMO CSF18-004;West v. Graham			
⑈0000002273⑈ ⑆321270742⑆ 2451459164⑈			

STATE BAR OF NEVADA CLIENT SECURITY FUND

2273

Warren West and David Brignac			12/6/2018	
Date	Type	Reference	Original Amt.	Balance Due
12/6/2018	Bill	CSF18-004	49,753.15	49,753.15
				Discount
				Payment
				49,753.15
				Check Amount
				49,753.15

Wells Fargo- CSF acc CSF18-004;West v. Graham

49,753.15