

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

Carol Trejbal, Co-Executor of Estate of Maureen E. McKeever

Name of Transferee

Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): 64-1
Amount of Claim: \$ 14,483.31
Date Claim Filed: 6-5-17

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

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

Phone: 727-400-6323
Last Four Digits of Acct. #: 1309

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

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

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State Bar of Nevada, Clients' Security Fund

Lyn Shipman, Co-Executor of
Estate of Maureen E. McKeever

Name of Transferee

Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known):
Amount of Claim: \$14,483.31
Date Claim Filed: 1-5-17

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

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

Phone: 770423-0197
Last Four Digits of Acct. #: 3977

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: _____
Transferee/Transferee's Agent

Date: _____

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.

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

**Shauna Impionato, Beneficiary of
Estate of Maureen E. McKeever**

Name of Transferee

Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim# (if known): _____
Amount of Claim: \$ 14,483.31
Date Claim Filed: 6-15-17

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

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

Phone: 860-759-0420
Last Four Digits of Acct. #: 1733

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: _____
Transferee/Transferee's Agent

Date: _____

SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Co-Executor of Estate of Maureen E. McKeever, Carol Brown Trejbal, of 2378 Ecuadorian Way #34, Clearwater, FL, 33763, 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 \$14,483.31, 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.

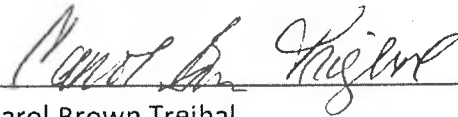
The undersigned warrants that no payment for any sums or in any form has been received directly or indirectly from said Robert Graham in any way related to the claims above delineated. This includes any reimbursement from an estate proceeding.

The undersigned agrees that she 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 she 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 29 day of NOVEMBER, 2018.

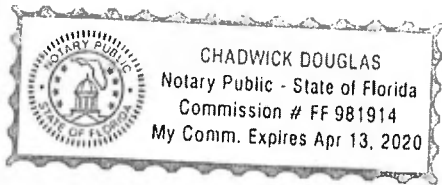


Carol Brown Trejbal

Subscribed and sworn to, and acknowledged to me to be Carol Brown Trejbal's free act and deed before me this 29TH day of NOVEMBER, 2018.



NOTARY PUBLIC



RECEIVED BY

NOV 27 2018

STATE BAR OF NEVADA

SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Co-Executor of Estate of Maureen E. McKeever, Lyn Shipman, of 3017 Braxton Ct., Kennesaw, GA, 30152, 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 \$14,483.31, 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 she 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 she 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 24 day of Nov, 2018.

Lyn B. Shipman
Lyn Shipman

Subscribed and sworn to, and acknowledged to me to be Lyn Shipman's free act and deed before me this 24 day of Nov, 2018.

[Signature]
NOTARY PUBLIC

SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Beneficiary of Estate of Maureen E. McKeever, Shauna Impionato, of 32 Lewis St., Wethersfield, CT, 06109, 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 \$14,483.31, 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.

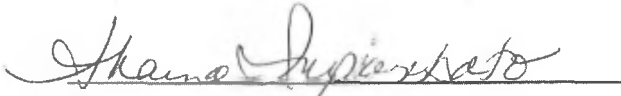
The undersigned warrants that no payment for any sums or in any form has been received directly or indirectly from said Robert Graham in any way related to the claims above delineated. This includes any reimbursement from an estate proceeding.

The undersigned agrees that she 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.

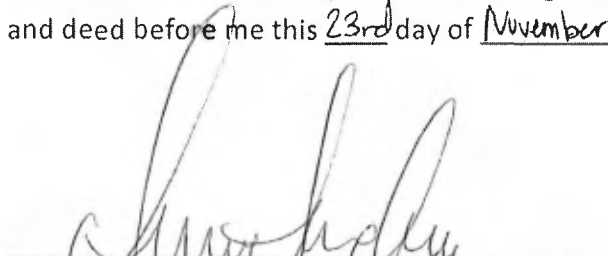
The undersigned further agrees that she will not bring any suit in regard to the total overall claim, including the amount paid in consideration of this agreement, unless the STATE BAR OF NEVADA shall fail to do so within 60 days of receipt by it of a written demand for the same, except that if, in the 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.

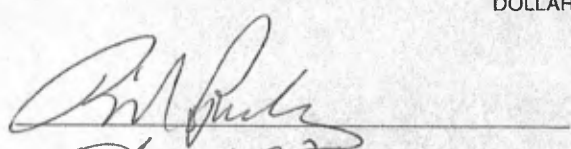

The undersigned further agrees that in respect of any suit brought to recover on the above claims, whether or not the STATE BAR OF NEVADA has entered or prosecuted its interest, the proceeds of any settlement or adjudication shall, in order, be applied to the amount of reimbursement paid by the STATE 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 twenty-third day of November, 20 18.


Shauna Impionato

Subscribed and sworn to, and acknowledged to me to be Shauna Impionato's free act and deed before me this 23rd day of November, 20 18.


NOTARY PUBLIC

STATE BAR OF NEVADA CLIENT SECURITY FUND 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200	WELLS FARGO BANK, N.A. www.wellsfargo.com 94-7074/3212	2264 12/6/2018	
PAY TO THE ORDER OF Carol Brown Trejbal		\$ **14,483.31	
Fourteen Thousand Four Hundred Eighty-Three and 31/100*****		DOLLARS	
Carol Brown Trejbal 2378 Ecuadorian Way #34 Clearwater, FL 33763		 _____  AUTHORIZED SIGNATURE	
MEMO CSF17-016; Robert v. Graham			
⑈000000 2 264⑈ ⑆3 2 1 2 70 74 2⑆ 245 1459 164⑈			

Security Features Included Details on Back

STATE BAR OF NEVADA CLIENT SECURITY FUND 2264

Carol Brown Trejbal			12/6/2018		
Date	Type	Reference	Original Amt.	Balance Due	Discount
12/6/2018	Bill	CSF17-016	14,483.31	14,483.31	
				Check Amount	14,483.31

Wells Fargo- CSF acc CSF17-016; Robert v. Graham 14,483.31

STATE BAR OF NEVADA CLIENT SECURITY FUND 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200	WELLS FARGO BANK, N.A. www.wellsfargo.com 94-7074/3212	2270 12/6/2018	
PAY TO THE ORDER OF Shauna Impionato		\$ **14,483.31	
Fourteen Thousand Four Hundred Eighty-Three and 31/100*****			DOLLARS
Shauna Impionato 32 Lewis St. Wethersfield, CT 06109		 _____ _____ AUTHORIZED SIGNATURE	
MEMO	CSF17-016; Impionato v. Graham		
@000000 2270 @ 1:32 1270742: 2451459164 @			

Details on Back. Security Features Included

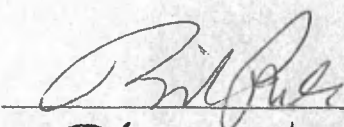
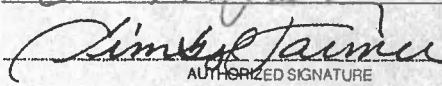
STATE BAR OF NEVADA CLIENT SECURITY FUND

2270

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/6/2018	Bill	CSF17-016	14,483.31	14,483.31		14,483.31
				Check Amount		14,483.31

Wells Fargo- CSF acc CSF17-016; Impionato v. Graham

14,483.31

STATE BAR OF NEVADA CLIENT SECURITY FUND 3100 W CHARLESTON BLVD STE 100 LAS VEGAS, NV 89102 702-382-2200	WELLS FARGO BANK, N.A. www.wellsfargo.com 94-7074/3212	2268 12/6/2018	
PAY TO THE ORDER OF Lyn Shipman		\$ **14,483.31	
Fourteen Thousand Four Hundred Eighty-Three and 31/100*****		DOLLARS	
Lyn Shipman 3017 Braxton Ct. Kennesaw, GA 30152		 <hr/>  AUTHORIZED SIGNATURE	
MEMO CSF17-016; Shipman v. Graham			
⑈0000002268⑈ ⑆321270742⑆ 2451459164⑈			

Security Features Included Details on Back

STATE BAR OF NEVADA CLIENT SECURITY FUND

2268

Lyn Shipman				12/6/2018		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/6/2018	Bill	CSF17-016	14,483.31	14,483.31		14,483.31
				Check Amount		14,483.31

Wells Fargo- CSF acc CSF17-016; Shipman v. Graham

14,483.31

E-Filed on: 6/5/2017

Fill in this information to identify the case:

Debtor 1 Robert C. Graham, LTD.

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? ESTATE OF MAUREEN MCKEEVER c/o GHANDI DEETER BLACKHAM
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? <u>Ghandi Deeter Blackham</u> Name <u>725 S. 8th St, Suite 100</u> Number Street <u>Las Vegas NV 89101</u> City State ZIP Code Contact phone <u>702-878-1115</u> Contact email <u>bankruptcy@ghandilaw.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?
 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? _____

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? \$ 50,452.88 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.
Funds held in Trust

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: \$ 50,452.88 (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)?

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 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 5 25 2017
MM / DD / YYYY


Signature

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

Name Carol Trejbal
First name Middle name Last name

Title Co-Executrix of the Estate

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2378 Ecuadorian Way #34
Number Street

Clearwater FL 33763
City State ZIP Code

Contact phone 727-400-6323 Email cbt@treibal.net

Electronically Filed
10/22/2014 10:51:47 AM

ORIGINAL

CLERK OF THE COURT

1 LETT
LAWYERSWEST
2 ROBERT C. GRAHAM, ESQ
Nevada Bar No. 4618
3 DELWYN E. WEBBER, ESQ.
Nevada Bar No. 11010
4 10000 W. Charleston Blvd.
Howard Hughes Plaza 140
5 Las Vegas, NV 89135
(702) 255-6161 Fax: (702)255-8383
6 Email: dwebber@lawyerswest.net

7 Attorney for Co-Executors

DISTRICT COURT

CLARK COUNTY, NEVADA

8
9
10 In the Matter of the Estate of
11 MAUREEN E. MCKEEVER
12 Deceased.

CASE NO.: P-14-082366-E
DEPT NO.: PC1

LETTERS TESTAMENTARY

13
14 On the 26th day of September, 2014, the Court entered an Order for Probate of Estate
15 With A Will, for Issuance of Letters Testamentary, and for Summary Administration of Estate to
16 admit the estate of the deceased, MAUREEN E. MCKEEVER, to probate. CAROL BROWN TREJBAL,
17 having been duly appointed by the Court and qualified as such, is hereby authorized to act, by
18 virtue of testimony thereof, as Co-Executor with a Will. No bond shall be required of the Co-
19 Executors as all liquid funds are to be held in the Robert C. Graham, Ltd. IOLTA account at the Law
20 office of LAWYERSWEST and the Co-Executors and Law Firm shall be empowered to pay all costs
21 associated with the Estate from that account which will be accounted for before the Court in and
22 through the final accounting of the Estate.

23 //
24 //
25 //
26 //
27 //
28 //

LAWYERSWEST
10000 W. Charleston
Howard Hughes Plaza 140
Las Vegas, NV 89135
(702) 255-6161 - Fax 255-8383

1 I have officially signed these letters and affixed hereto the seal of this Court, this ___ day
2 of 10-17-14, 2014.

3
4 CLERK OF THE COURT

5 CYNTHIA HILL
6 DEPUTY CLERK



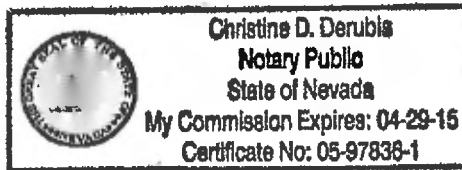
7
8 OFFICIAL OATH

9
10 I, CAROL BROWN TREJBAL, do solemnly affirm that I will faithfully perform according to
11 the law all the duties of the office of Co-Executor of the ESTATE OF MAUREEN E. MCKEEVER.

12
13
14 Carol Brown Trejbal
15 CAROL BROWN TREJBAL

16
17 Subscribed and affirmed to before
18 me this 10th day of October, 2014

19
20 Christine D. Derubis
21 NOTARY PUBLIC



LAWYERSWEST
10000 W. Charleston
Howard Hughes Plaza 140
Las Vegas, NV 89135
(702) 255-6161 - Fax 255-8383

ORIGINAL

Electronically Filed
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Alan D. Quinn
CLERK OF THE COURT

1 LETT
LAWYERSWEST
2 ROBERT C. GRAHAM, ESQ
Nevada Bar No. 4618
3 DELWYN E. WEBBER, ESQ.
Nevada Bar No. 11010
4 10000 W. Charleston Blvd.
Howard Hughes Plaza 140
5 Las Vegas, NV 89135
(702) 255-6161 Fax: (702)255-8383
6 Email: dwebber@lawyerswest.net

7 Attorney for Co-Executors

DISTRICT COURT

CLARK COUNTY, NEVADA

8
9
10 In the Matter of the Estate of
11 MAUREEN E. MCKEEVER
12 Deceased.

CASE NO.: P-14-082366-E
DEPT NO.: PC1

LETTERS TESTAMENTARY

14 On the 26th day of September, 2014, the Court entered an Order for Probate of Estate
15 With A Will, for Issuance of Letters Testamentary, and for Summary Administration of Estate to
16 admit the estate of the deceased, MAUREEN E. MCKEEVER, to probate. LYN SHIPMAN, having
17 been duly appointed by the Court and qualified as such, is hereby authorized to act, by virtue of
18 testimony thereof, as Co-Executor with a will. No bond shall be required of the Co-Executors as
19 all liquid funds are to be held in the Robert C. Graham, Ltd. IOLTA account at the Law office of
20 LAWYERSWEST and the Co-Executors and Law Firm shall be empowered to pay all costs
21 associated with the Estate from that account which will be accounted for before the Court in and
22 through the final accounting of the Estate.

23 //
24 //
25 //
26 //
27 //
28 //

LAWYERSWEST
10000 W. Charleston
Howard Hughes Plaza 140
Las Vegas, NV 89135
(702) 255-6161 - Fax 255-8383

1 I have officially signed these letters and affixed hereto the seal of this Court, this ___ day
2 of 10/17/14, 2014.

3
4 CLERK OF THE COURT

5 CYNTHIA HILL

6 DEPUTY CLERK

DISTRICT
COURT
SEAL

7
8 OFFICIAL OATH

9
10 I, LYN SHIPMAN, do solemnly affirm that I will faithfully perform according to the law all
11 the duties of the office of Co-Executor of the ESTATE OF MAUREEN E. MCKEEVER.

12
13
14 Lyn Shipman
15 LYN SHIPMAN

16
17 Subscribed and affirmed to before
18 me this 17 day of OCTOBER, 2014

19
20 [Signature]
21 NOTARY PUBLIC



LAWYERSWEST
10000 W. Charleston
Howard Hughes Plaza 140
Las Vegas, NV 89135
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Case 16-16655-btb Claim 64-1 Filed 06/05/17 Page 8 of 8

11:01 AM
12/07/16
Accrual Basis

Rob Graham & Associates
Transaction Detail by Account
December 1, 2001 through December 7, 2016

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
2300030 · McKeever, Maureen - Estate of								
Deposit	01/05/2015	00343...	The Hartford	Refund		Attorney Trust ...	113.82	113.82
Deposit	01/05/2015	05881...	Fidelity Investments	IRA		Attorney Trust ...	2,029.57	2,143.39
Deposit	01/05/2015	13286...	Cox Communications	Refund		Attorney Trust ...	49.11	2,192.50
Deposit	01/28/2015	00010...	Wells Fargo Bank	Liquidation		Attorney Trust ...	35,431.09	37,623.59
Deposit	01/28/2015	00010...	Wells Fargo Bank	Liquidation		Attorney Trust ...	6,753.43	44,377.02
Deposit	01/28/2015	00010...	Wells Fargo Bank	Liquidation		Attorney Trust ...	23.00	44,400.02
Deposit	02/05/2015	09875...	Bank of America	Sale of Decedent's vehicle		Attorney Trust ...	4,500.00	48,900.02
Deposit	03/09/2015	10498...	State Street Retiree ...	Replacement check		Attorney Trust ...	894.50	49,794.52
Deposit	04/22/2015	4034 ...	United States Treas...	2014 tax refund		Attorney Trust ...	1,325.00	51,119.52
Check	07/29/2015	9293	McKeever, Maureen...	Wells Fargo Bank		Attorney Trust ...	-58.00	51,061.52
Check	08/26/2015	9352	McKeever, Maureen...	State Street Retiree Servi...	X	Attorney Trust ...	0.00	51,061.52
Check	08/04/2016	10181	McKeever, Maureen...	Fidelity investments		Attorney Trust ...	-608.64	50,452.88
Check	08/11/2016	10214	McKeever, Maureen...	State Street Retiree Servi...	X	Attorney Trust ...	0.00	50,452.88
Total 2300030 · McKeever, Maureen - Estate of							50,452.88	50,452.88
TOTAL							50,452.88	50,452.88