

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

Leasha D. Owens  
Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): 73-2441-1  
Amount of Claim: \$16,666.66  
Date Claim Filed: 6-7-17

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

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

Phone: 402-617-3860  
Last Four Digits of Acct. #: 9156

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

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  
Name of Transferee

Travis Owens  
Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): 73-2 + 41-1  
Amount of Claim: \$16,166.66  
Date Claim Filed: 6-7-17

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

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

Phone: 541-610-3203  
Last Four Digits of Acct. #: 4045

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

B2IOOA (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

Nathaniel M. Owens  
Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): 73-2+41-1  
Amount of Claim: 716,606.66  
Date Claim Filed: 11-6-17

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

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

Phone: 541-200-8698  
Last Four Digits of Acct. #: 4021

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

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.

**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?** The Margueritte Owens Revocable Trust  
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?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Michael Esposito, Esq.</u> Name <u>650 White Dr., Ste. 100</u> Number Street <u>Las Vegas, NV 89119</u> City State ZIP Code Contact phone <u>(725) 777-3000</u> Contact email <u>mesposito@gtg.legal</u>	_____ 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) 73 Filed on 06/06/2017  
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? \_\_\_\_\_

**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? \$ 399,567.16 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.  
Money held in Debtor's IOLTA account on behalf of the 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:** \$ \_\_\_\_\_ (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:

Amount entitled to priority

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_

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). \$ \_\_\_\_\_

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). \$ \_\_\_\_\_

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)(5). \$ \_\_\_\_\_

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 06/07/2017  
MM / DD / YYYY



Signature

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

Name Michael Esposito, Esq.  
First name Middle name Last name

Title Attorney for Creditor

Company Garman Turner Gordon  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 650 White Dr., Ste. 100  
Number Street  
Las Vegas, NV 89119  
City State ZIP Code

Contact phone (725) 777-3000 Email mesposito@gtg.legal

11:48 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
<b>2300093 - Owens, Margarette Trust</b>								
Deposit	07/19/2016	NA	Ticor Title	Sale of residence		Attorney Trust ...	438,849.16	438,849.16
Check	07/26/2016	10163	Hurley RE	VOID: Retainer - Marguer...	X	Attorney Trust ...	0.00	438,849.16
Check	08/03/2016	10189	LJA Fiduciary Servic...	Owens - Reimbursement ...		Attorney Trust ...	-4,000.00	434,849.16
Check	08/03/2016	10190	LJA Fiduciary Servic...	Owens - Approved Guard...		Attorney Trust ...	-12,634.00	422,215.16
Check	08/03/2016	10191	Maggie Biondi, Esq.	Owens - Approved Attorn...		Attorney Trust ...	-22,639.00	399,576.16
Total 2300093 - Owens, Margarette Trust							399,576.16	399,576.16
<b>TOTAL</b>							<b>399,576.16</b>	<b>399,576.16</b>

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

Debtor 1 Robert C. Graham, Ltd.fdba Robert C. Graham & associa

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

United States Bankruptcy Court for the: District of Nevada

Case number 16-16655

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? Laura J. Aust of LJA Fiduciary Services  
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>Elizabeth Brickfield, Esq.</u> <small>Name</small> <u>8363 W. Sunset Road, Suite 200</u> <small>Number Street</small> <u>Las Vegas</u> <u>NV</u> <u>89113</u> <small>City State ZIP Code</small> Contact phone <u>702-550-4400</u> Contact email <u>ebrickfield@dickinsonwright.com</u>	Where should payments to the creditor be sent? (if different) <u>LJA Fiduciary Services, Inc.</u> <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> 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? \$ 399,576.16. 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.  
Creditor's funds held in Debtor's IOLTA Trust account

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 4/01/19 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 05/26/2017  
MM / DD / YYYY

Laura J. Aust  
Signature

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

Name	<u>Laura</u>	<u>J.</u>	<u>Aust</u>
	First name	Middle name	Last name
Title	<u>Successor Trustee Margueritte Owens Revocable Trust of October 10, 2008</u>		
Company	<u>LJA Fiduciary Services</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>P. O. Box 391</u>		
	Number	Street	
	<u>Tualatin</u>		<u>OR 97062</u>
	City	State	ZIP Code
Contact phone	<u>503-691-6461</u>		Email <u>laura@ljaservices.com</u>

# Exhibit "1"

AFFIDAVIT OF SUCCESSOR TRUSTEE

Exhibit "1"

④

Recorded at the request of and  
 When Recorded Return to:  
 DICKINSON WRIGHT  
 ATTN: Elizabeth Brickfield, Esq.  
 8363 W. Sunset Road, Suite 200  
 Las Vegas, Nevada 89113

Inst #: 20170223-0002384  
 Fees: \$20.00  
 N/C Fee: \$25.00  
 02/23/2017 11:53:24 AM  
 Receipt #: 3016475  
 Requestor:  
 DICKINSON WRIGHT  
 Recorded By: SAO Pgs: 4  
 DEBBIE CONWAY  
 CLARK COUNTY RECORDER

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF Oregon )  
 )  
 COUNTY OF Washington )

LAURA J. AUST of LJA Fiduciary Services, Inc., being first duly sworn, deposes and says:

1. That MARGUERITTE OWENS, as Trustor, established THE MARGUERITTE OWENS REVOCABLE TRUST OF OCTOBER 10, 2008 (the "Trust"), wherein MARGUERITTE OWENS was named as the Original Trustee of the Trust.

2. MARGUERITTE OWENS was declared incompetent and ROBERT C. GRAHAM became successor trustee on January 23, 2015.

3. Pursuant to the Court Order of December 9, 2016, attached hereto as Exhibit A, ROBERT C. GRAHAM was removed as Successor Trustee was confirmed (without discharging or releasing him from liability), and LAURA J. AUST of LJA Fiduciary Services, Inc. was named Successor Trustee.

4. LAURA J. AUST of LJA Fiduciary Services, Inc. hereby consents to serve as the sole Successor Trustee of the Trust and hereby makes and files this Affidavit.

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

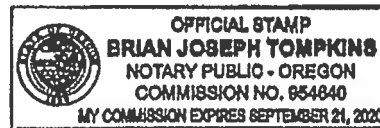
Witness my hand this 6<sup>th</sup> day of February, 2017.

THE MARGUERITTE OWENS  
REVOCABLE LIVING TRUST dated  
October 10, 2008

By: Laura J. Aust  
LAURA J. AUST  
LJA FIDUCIARY SERVICES, INC.  
Successor Trustee

Subscribed and Sworn to by LAURA J. AUST of LJA Fiduciary Services, Inc  
before me this 6<sup>th</sup> day of February, 2017

Brian Joseph Tompkins  
Notary Public  
LVEGAS 73637-1 183008v1



Electronically Filed  
12/09/2016 02:26:08 PM

*Alvin D. Blum*  
CLERK OF THE COURT

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**ORDER**  
Elizabeth Brickfield, Esq.  
Nevada Bar No. 6236  
DICKINSON WRIGHT, PLLC  
8363 W. Sunset Road, #200  
Las Vegas, NV 89113  
Telephone: (702) 550-4400  
Facsimile: (702) 670-6009  
[ebrickfield@dickinsonwright.com](mailto:ebrickfield@dickinsonwright.com)  
Attorney for Laura J. Aust, Ph.D.  
Of LJA Fiduciary Services, Inc.  
Guardian and Conservator of  
MARGUERITTE OWENS

**EIGHTH JUDICIAL DISTRICT COURT  
CLARK COUNTY, NEVADA**

In the matter of

Case No.: P-14-083259-T  
Dept. No.: 26

THE MARGUERITTE OWENS REVOCABLE  
TRUST OF OCTOBER 10, 2008

**ORDER GRANTING LAURA J. AUST'S EX PARTE APPLICATION FOR A  
TEMPORARY RESTRAINING ORDER; ORDER TO SHOW CAUSE REGARDING  
PRELIMINARY INJUNCTION; REMOVING TRUSTEE AND APPOINTING TEMPORARY  
TRUSTEE**

The Application of Laura J. Aust, Ph.D., of LJA Fiduciary Services, Inc. ("Petitioner"), duly appointed Guardian and Conservateur of Margueritte Owens, an Oregon resident, the trustor and beneficiary of the Margueritte Owens Revocable Trust of October 10, 2008 (the "Trust") for a Temporary Restraining Order and Other Relief having come before the Court this 7 day of December, 2016, the Court having considered the Motion, the exhibits thereto, with the Court having posted a bond in the amount of \$ 200 .00 and GOOD CAUSE APPEARING:

IT IS HEREBY ORDERED that the Petitioner's Application for Temporary Restraining Order is Granted;

IT IS FURTHER ORDERED that Mr. Robert C. Graham, Robert C. Graham, Esq., Lawyers West, City National Bank and any financial institutions with accounts in the name of Robert C. Graham are prohibited from making any disbursements of funds which are the property of the

DICKINSON WRIGHT

8363 West Sunset Road, Suite 200  
Las Vegas, Nevada 89119-2210

*and/l*  
*Linda Graham, her w. for, LJA law firm, Robert C. Graham, LTD*  
Page 1 of 2

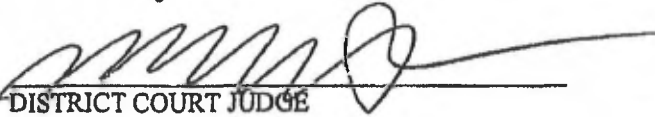
*87*

1 Margueritte Owens Revocable Trust of October 10, 2008 from any account within their respective  
2 care, custody or control unless and upon further order of the Court. As to City National Bank or any  
3 financial institution, this Order applies to any account held in the name of Robert C. Graham, or  
4 Lawyers West, Robert C. Graham, LTD, *in the name of Robert C. Graham*

5 IT IS FURTHER ORDERED that any unauthorized disbursement of the Estate's funds shall be  
6 prohibited until such time as this Court shall determine subsequent to the Petitioner's Motion for  
7 Preliminary Injunction to come before the Court on the 14 day of December, 2016 at 9:30 a.m. p.m.

8 IT IS FURTHER ORDERED that Robert C. Graham is removed as Trustee of the Margueritte  
9 Owens Revocable Trust of October 10, 2008 and Laura J. Aust, Ph.D., of LJA Fiduciary Services, Inc  
10 is appointed as Temporary Trustee.

11  
12 Dated this 14 day of December, 2016 *signed at 11:07 am*

13  
14   
15 DISTRICT COURT JUDGE

16  
17 Submitted by: *OTHER THAN THE FOLLOWING ACCOUNTS*  
18 *HBO AT PERSHING ADVISOR SOLUTIONS, LLC*  
*ALL EXCLUDED:*

19 DICKINSON WRIGHT, PLLC 424 - 086 735  
20 424 - 078039  
21 By: *Elizabeth Brickfield* 424 - 076124  
22 Elizabeth/Brickfield, Esq. 424 087394

23 Nevada Bar No. 6236  
24 8363 W. Sunset Road, #200  
25 Las Vegas, NV 89113  
26 Telephone: (702) 550-4400  
27 Facsimile: (702) 670-6009  
28 [ebrickfield@dickinsonwright.com](mailto:ebrickfield@dickinsonwright.com)  
*Attorney for Laura J. Aust, Ph.D.*  
*Of LJA Fiduciary Services, Inc.*  
*Guardian and Conservator of*  
*MARGUERITTE OWENS*

# Exhibit "2"

TRANSACTION DETAIL BY ACCOUNT

Exhibit "2"



11:48 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
<b>2300093 · Owens, Margarette Trust</b>								
Deposit	07/19/2016	NA	Ticor Title	Sale of residence		Attorney Trust ...	438,849.16	438,849.16
Check	07/26/2016	10163	Hurley RE	VOID: Retainer - Marguer...	X	Attorney Trust ...	0.00	438,849.16
Check	08/03/2016	10189	LJA Fiduciary Servic...	Owens - Reimbursement ...		Attorney Trust ...	-4,000.00	434,849.16
Check	08/03/2016	10190	LJA Fiduciary Servic...	Owens - Approved Guard...		Attorney Trust ...	-12,634.00	422,215.16
Check	08/03/2016	10191	Maggie Biondi, Esq.	Owens - Approved Attom...		Attorney Trust ...	-22,639.00	399,576.16
Total 2300093 · Owens, Margarette Trust							399,576.16	399,576.16
<b>TOTAL</b>							<b>399,576.16</b>	<b>399,576.16</b>

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### SUBROGATION AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that whereas Leasha D. Owens-Jey, Nathaniel M. Owens and Travis Owens of Bend Oregon, 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 \$50,000.00 (\$16,666.66 for each of the three beneficiaries named above), 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, the undersigned, hereby assign and subrogate, up to the amount above recited, their 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 they hereby authorize the STATE BAR OF NEVADA to make claims, including estate claims, compromise or sue in their names or any other name to the extent of the aforesaid sum, and it is fully subrogated to all their rights in the premises and duly authorized to do any and all things in their name and as their 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 agree 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.

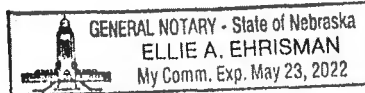
The undersigned further agrees that in respect of any suit brought to recover on the above claims, whether or not the STATE BAR OF NEVADA has entered or prosecuted its interest, the proceeds of any settlement or adjudication shall, in order, be applied to the amount of reimbursement paid by the STATE 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 December day of 21, 2018.

Leasha Owens-Jey  
Leasha D. Owens-Jey

Subscribed and sworn to, and acknowledged to me to by Leasha D. Owens-Jey's free act and deed before me this 21<sup>st</sup> day of December, 2018.

Ellie A. Ehrisman  
NOTARY PUBLIC

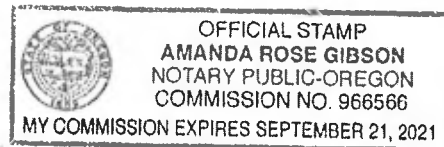


DATED this 30 day of November, 2018.

Nathaniel M. Owens  
Nathaniel M. Owens

Subscribed and sworn to, and acknowledged to me to by Nathaniel M. Owens' free act and deed before me this 30<sup>th</sup> day of November, 2018.

Amanda Rose Gibson  
NOTARY PUBLIC

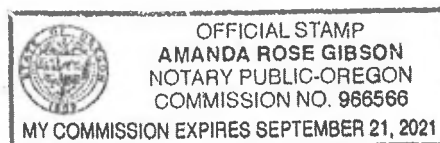


DATED this 30<sup>th</sup> day of Nov, 2018.

Travis Owens  
Travis Owens

Subscribed and sworn to, and acknowledged to me to by Travis Owens' free act and deed before me this 30<sup>th</sup> day of November, 2018.

Amanda Rose Gibson  
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	2280  1/8/2019
PAY TO THE ORDER OF	Nathaniel M. Owens	\$	**16,666.66
Sixteen Thousand Six Hundred Sixty-Six and 66/100*****			DOLLARS
MEMO	Nathaniel M. Owens c/o Lisa N. Bertalan, Esq. Brinich & Bertalan, LLP 250 NW Franklin Avenue, Ste 101 Bend, OR 97703 CSF17-13; Owens v. Graham		
		AUTHORIZED SIGNATURE	
⑈0000002280⑈ ⑆321270742⑆ 2451459164⑈			

Details on Back Security Features Included

STATE BAR OF NEVADA CLIENT SECURITY FUND

2280

Nathaniel M. Owens					1/8/2019	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/4/2019	Bill	CSF17-013	16,666.66	16,666.66		16,666.66
						Check Amount
						16,666.66

Wells Fargo- CSF acc CSF17-13; Owens v. Graham

16,666.66

<p><b>STATE BAR OF NEVADA</b>  <b>CLIENT SECURITY FUND</b>                  3100 W CHARLESTON BLVD STE 100                  LAS VEGAS, NV 89102                  702-382-2200</p>	<p>WELLS FARGO BANK, N.A.                  www.wellsfargo.com                  94-7074/3212</p>	<p>2279</p> <p>1/8/2019</p>
<p>PAY TO THE ORDER OF Leasha D. Owens-Jeys</p>		<p>\$ **16,666.66</p>
<p>Sixteen Thousand Six Hundred Sixty-Six and 66/100*****</p>		<p>DOLLARS </p>
<p>MEMO</p> <p>Leasha D. Owens-Jeys                  c/o Lisa N. Bertalan, Esq.                  Brinich &amp; Bertalan, Esq.                  250 NW Franklin Avenue, Ste. 101                  Bend, OR 97703                  CSF17-013;Owens-Jeys v. Graham</p>	<p>_____                  AUTHORIZED SIGNATURE</p>	
<p>⑈000000 2279⑈ ⑆321270742⑆ 2451459164⑈</p>		

Details on Back. Security Features Included

STATE BAR OF NEVADA CLIENT SECURITY FUND		2279
Leasha D. Owens-Jeys		1/8/2019
Date	Type Reference	Original Amt.
1/4/2019	Bill CSF17-013	16,666.66
		Balance Due
		16,666.66
		Discount
		Check Amount
		Payment
		16,666.66
		16,666.66

Wells Fargo- CSF acc CSF17-013;Owens-Jeys v. Graham 16,666.66

<b>STATE BAR OF NEVADA</b> <b>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	2281  1/8/2019
PAY TO THE ORDER OF	Travis Owens	\$ **16,666.66	
Sixteen Thousand Six Hundred Sixty-Six and 66/100*****		DOLLARS	Details on Back
MEMO  Travis Owens c/o Lisa N. Bertalan, LLP Brinich & Bertalan, LLP 250 NW Franklin Avenue, Ste. 101 Bend, OR 97703 CSF17-13; Owens v. Graham	AUTHORIZED SIGNATURE		Security Features Included
@000000 2281 1321270742 2451459164			

STATE BAR OF NEVADA CLIENT SECURITY FUND

2281

		Travis Owens			1/8/2019	
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/4/2019	Bill	CSF17-13; Owens v. G	16,666.66	16,666.66		16,666.66
					Check Amount	16,666.66

Wells Fargo- CSF acc CSF17-13; Owens v. Graham

16,666.66