

1 Matthew I. Knepper, Esq.
 Nevada Bar No. 12796
 2 Miles N. Clark, Esq.
 Nevada Bar No. 13848
 3 KNEPPER & CLARK LLC
 4 10040 W. Cheyenne Ave., Suite 170-109
 Las Vegas, NV 89129
 5 Phone: (702) 825-6060
 6 Fax: (702) 447-8048
 Email: matthew.knepper@knepperclark.com
 7 Email: miles.clark@knepperclark.com

8 David H. Krieger, Esq.
 Nevada Bar No. 9086
 9 HAINES & KRIEGER, LLC
 10 8985 S. Eastern Ave., Suite 350
 Henderson, NV 89123
 11 Phone: (702) 880-5554
 12 Fax: (702) 385-5518
 Email: dkrieger@hainesandkrieger.com

13 *Attorneys for Plaintiff*

14 **UNITED STATES DISTRICT COURT**

15 **DISTRICT OF NEVADA**

16
 17 LYNN TRAVERS,
 18 Plaintiff,

Case No.: 2:16-CV-1848-RFB-PAL

19 vs.

**NOTICE OF SUGGESTION OF DEATH
PURSUANT TO FRCP 25**

20 ALLIED COLLECTION SERVICES, INC.;
 21 GRANT & WEBER, INC.; EXPERIAN
 22 INFORMATION SOLUTIONS, INC., SILVER
 23 STATE SCHOOLS CREDIT UNION, AND
 WELLS FARGO HOME MORTGAGE,

24 Defendant

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28 NOTICE OF SUGGESTION OF DEATH PURSUANT TO FRCP 25

1 Pursuant to Federal Rule of Civil Procedure 25, counsel for Plaintiff Lynn Travers files a
2 suggestion of death. Plaintiff's counsel was advised of the fact that Plaintiff had passed away on
3 Monday, March 19, and on Thursday, March 22 was provided with a copy of a death certificate
4 attached at **Exhibit 1**. Plaintiff's counsel are in the process of arranging a substitution of a real
5 party in interest pursuant to FRCP 25 and request 90 days from today's date to file an
6 appropriate motion to substitute.
7

8 Dated this 22nd day of March, 2018.
9

10 /s/ Miles N. Clark

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Email: dkrieger@hainesandkrieger.com

24 **IT IS SO ORDERED** this 30th day of
25 March, 2018.

26 
27 Peggy A. Leen
28 United States Magistrate Judge

1 **CERTIFICATE OF SERVICE**

2 I hereby certify that on March 22, 2018, and pursuant to the Federal Rules of Civil
3 Procedure, a true and correct copy of the foregoing **NOTICE OF SUGGESTION OF DEATH**
4 **PURSUANT TO FRCP 25** was served via the U.S. District Court's CM/ECF electronic filing
5 system to all persons designated to receive notice of the same.
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8 /s/ Miles N. Clark
9 KNEPPER & CLARK LLC
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EXHIBIT 1

DEATH CERTIFICATE FOR LYNN TRAVERS

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2018002030
STATE FILE NUMBER

CASE FILE NO. 4000852

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Lynn Dolores TRAVERS		2. DATE OF DEATH (Mo/Day/Year) January 24, 2018		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Henderson Hospital		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER 530-38-5903		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Guidance Counselor		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 240 Honeywood Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) December 11, 1951	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Francis James TRAVERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Donna WATROUS		
18a. INFORMANT- NAME (Type or Print) Toni GOZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 240 Honeywood Street Henderson, Nevada 89074			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NAOMI VALDEZ SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD896		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BASSAM SAID ALOWIR MD SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) February 01, 2018		21c. HOUR OF DEATH 21:57		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bassam Said Alowir MD 10120 S Eastern Ave Henderson, NV 89052		23b. LICENSE NUMBER 10605	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (d) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Rheumatoid Arthritis				26. AUTOPSY (Specify Yes or No) No	
28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

LOCAL REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **FEB 02 2018**

Registrar of Vital Statistics
By: *Mary Wilson*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573





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