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Attorneys for Plaintiff

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

**BOBBY NEAL STOKEY,
Plaintiff,**

v.

**PHH MORTGAGE CORPORATION,
NEWREZ, LLC, WELLS FARGO
BANK, N.A., OCWEN LOAN
SERVICING, LLC,
Defendants.**

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CASE NO. 4:23-CV-01101

SUGGESTION OF DEATH

TO THE HONORABLE UNITED STATES DISTRICT COURT:

COMES NOW Joyce Lindauer, counsel for Bobby Neal Stokey, (“Plaintiff” or “Stokey”), and files this Suggestion of Death to advise the Court that Plaintiff has died. Plaintiff died on November 11, 2024, at the age of 79 years. A true and correct copy of his death certificate is attached hereto as **Exhibit “A.”** Plaintiff was buried on or about December 11, 2024.

Dated: March 13, 2025.

Respectfully submitted,

/s/ Joyce W. Lindauer

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that on March 13, 2025, a true and correct copy of the foregoing document was served via email pursuant to the Court's ECF system upon all counsel of record.

/s/ Joyce W. Lindauer
Joyce W. Lindauer

STATE OF TEXAS CERTIFICATION OF VITAL RECORD											
DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS											
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS Dec 02 2024 STATE OF TEXAS					STATE FILE NUMBER i-205197						
1. LEGAL NAME OF DECEASED (SHOW NAME, IF ANY) (Print, Middle, Last) NEAL STOKLEY AKA BOBBY NEAL STOKLEY					2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) NOVEMBER 11, 2024						
3. SEX MALE		4. DATE OF BIRTH (mm-dd-yyyy) DECEMBER 26, 1944		5. AGE LAST BIRTHDAY (Years) 79		6. US CITIZENSHIP Yes		7. BIRTHPLACE (City & State in Foreign Country) DALLAS, TX			
8. SECURITY NUMBER 1-1042		9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				10. SURVIVOR SPOUSE'S NAME (If known, give name prior to first marriage) ANITA LEE					
11. PRESENT STREET ADDRESS 4722 STAR RIDGE LN					12. CITY OR TOWN FRISCO		13. ZIP CODE 75034		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15. COUNTY COLLIN					16. STATE TEXAS					17. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE GRACE WASHBURN	
18. MOTHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE DONALD STOKLEY					19. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)					20. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL, IF DEATH OCCURRED IN A HOSPITAL, IF DEATH OCCURRED IN A HOSPITAL, IF DEATH OCCURRED IN A HOSPITAL	
21. CITY/TOWN, ZIP OF OUTSIDE CITY LIMITS, CIVIL PRECINCT NO. COLLIN PLANO, 75024					22. FACILITY NAME (If not institution, give street address) LIFECARE HOSPITAL OF PLANO					23. Mailing Address of Informant (Street and Number, City, State, Zip Code) 4722 STAR RIDGE LN, FRISCO, TX 75034	
24. METHOD OF DEPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)					25. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FRANK W. SEDDIO SR. BY ELECTRONIC SIGNATURE - 8302					26. TITLE OF CERTIFIER MD	
27. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) DALLAS FORT WORTH NATIONAL CEMETERY					28. LOCATION (City/Town, and State) DALLAS, TX					29. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) PO BOX 742706, DALLAS, TX 75374	
30. NAME OF FUNERAL FACILITY LOCALCREMATION.COM					31. DATE CERTIFIED (mm-dd-yyyy) NOVEMBER 20, 2024					32. LICENSE NUMBER K6346	
33. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) DAVID A STRAWMAN 4700 ALLIANCE BLVD, PLANO, TX 75093					34. TIME OF DEATH (Actual or presumed) 08:57 AM					35. SIGNATURE OF CERTIFIER DAVID A STRAWMAN	
36. PART 1. ENTER THE CAUSE OF DEATH - DISEASES, INJURIES, OR COMPLICATIONS, THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					37. PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.					38. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SEPSIS WITH SHOCK Due to (or as a consequence of):					b. ASPIRATION PNEUMONIA Due to (or as a consequence of):					c. Due to (or as a consequence of):	
Subsequently fatal conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined					40. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. DATE OF INJURY (mm-dd-yyyy)					42. TIME OF INJURY		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
45. LOCATION (Street and Number, City, State, Zip Code)					46. COUNTY OF INJURY					47. DESCRIBE HOW INJURY OCCURRED	
48a. REGISTRAR FILE NO. 07005844					48b. DATE RECEIVED BY LOCAL REGISTRAR DECEMBER 2, 2024					48c. REGISTRAR Tara Das	
EDR NUMBER 00004446030186					This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.					ISSUED Dec 04 2024	
WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND					ANY ALTER					Exhibit "A"	