UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

CATHERINE M. DELARA

Appellant

No. 19-4755

v.

ROBERT L. WILKIE, Secretary of Veterans Affairs, Appellee

Appellant's Response to the Court's March 25, 2020 Order to Show Cause

On January 27, 2020, undersigned counsel informed the Court that Ms. Catherine DeLara ("appellant") had died on January 25, 2020. Undersigned respectfully submits this response to the Court's March 25, 2020, order to show cause why this matter should not be dismissed based on appellant's death. Attached to this order is a copy of appellant's death certificate received from her daughter, Ms. Lindalee Hinkle. Personal identifying information has been redacted pursuant to the Rules of Practice and Procedure of the Court.

Based on undersigned's conversation with Ms. Hinkle, the appellant was not survived by any spouse, parent, or dependant child. Ms. Hinkle did not indicate that she seeks reimbursement for the expense of the burial of her late mother. See 38 U.S.C. § 5121(a)(6); 38 C.F.R. § 3.1000(a)(5).

Respectfully submitted
/s/ Camila Ramirez
CAMILA RAMIREZ
NON-ATTORNEY PRACTITIONER
1550 Madruga Ave., Suite 414
Coral Gables, FL 33146

/s/ Sean A. Ravin SEAN A. RAVIN, ESQ. ATTORNEY OF RECORD 1550 Madruga Ave., Suite 414 Coral Gables, FL 33146

April 8, 2020

Phone/FAX: (202) 607-5731 Email: camila@seanravin.com

Phone/FAX: (202) 607-5731 Email: info@seanravin.com

STATE OF NEW JERSEY

NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

20200008003

b. Also Known As (AKA), If A	DeLar	The second second)	1000		-		ONL	
	90						1	L	
							山川村		
Sex 3 Soc Female	ial Security	Number	4a Age 72 Years			Date of Birth 07/08/1947	(Mo/Day/Yr)		
Birthplace (City & State/Fo.	reign Coun	try)							
Camden, New Jersey a Residence-State	71	County		7c. Municipality/					
New Jersey d Street and Number		Camden	Ze. Apt No	Collingswood	d Borough p Code	17	g Inside City Limit	87	
545 Newton Lake Drive, B		Marie Manager	1019		107		Yes		
 Ever in US Armed Forces No 		b. If Yes, Name of			Constitute and and	74.11V			
Domestic Status at Time of Widowed	f Death	10 Nan	ne of Surviving Spouse/	Partner (Name giv	en at birth or	on birth cer	tificate)		
Father's Name (First. Mid Joseph Nicholls	(dle, Last)								
2 Mother's Name Prior to Fi	irst Marnag	e (First, Middle, Li	ast)			- V			
Rita Gormley 3a Name of Informant						13b. Rela	tionship to Deceder	nt	
Lindalee Hinkle	and Month	or City State 7:a	Count			Daught	er		
3c Mailing Address (Street 545 Newton Lake Drive, B	Building C	Apt. 1019, Colling	swood, NJ 08107						
Method of Disposition 15. Place of Disposition (name of cemetery				ory, other) 16. Location: City & State/Foreign Country					
Cremation	-	n County Cremat	tory		Township, New Jersey				
 Name and Complete Add Eichel Funeral Home, Inc. 			sauken, NJ 08109						
18. Electronic Signature of Fu	ineral Direc				4.4		NJ License Numb	er	
Amanda L. Flenar	d	-	Tot now to		2	23JP00508800			
20. Decedent Education			ADEL SOLVEN	21 Decedent of Hispanic Origin?			22 Decedent Race		
8th grade or less 23. Occupation of Decedent (Type of work done most of life, a				Not Spanish / Hispanic / Latino ven if retired) 24 Kind of Business/Industry			White		
Homemaker				Own Home	imuusiry				
25. Name and Address of La	st Employe	1							
26 Date Pronounced Dead (Mo/Day/Yr)	28.1	Name of Person Pronou	ncing Death			12.		
77 Tona Danas and Daniel	2664	20.1			Tax ave				
27 Time Pronounced Dead (24-111)	29. License Numb	er		30 Date	Signed (M	o/Day/Yr)		
31 Date of Death (Mo/Day/Y	7) 32	Time of Death (2-	≠hr) 33 Was Mei	dical Examiner Cor	ntacted?	34: Place of	Death.		
01/25/2020	-	Approx-0630	No			Deceden	t's Home		
35a. Facility Name (If not inst 700 West Browning Road	itution give	street and number	er)		3			THE	
				Tar- o-	unto	_	-		
35b. Municipality				35c Co	utily				
35b. Municipality Collingswood Borough	ART I - IMI	MEDIATE CAUSE	- final disease or condit	Camd	len	anthy list one	addiana diany tanà		
35b. Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cal	ART I - IMI	MEDIATE CAUSE on Line a. Enter the	- final disease or condit	Camd	len ath Subsenu	ently list cor the events	nditions, if any, lead resulting in death)	ing to	
CAUSE OF DEATH: mmediate Cause 35b. Municipality Collingswood Borough 36a. P the ca	use listed o	MEDIATE CAUSE on Line a. Enter the	- final disease or condit - UNDERLYING CAUSE	Camd	len ath Subsenu	Interval Be	resulting in death) etween Onset and	LAST	
CAUSE OF DEATH: Cause of Cerebrovascular Diseas Oue to (or as a consequence	e of):	MEDIATE CAUSE on Line a. Enter the	- final disease or condit e UNDERLYING CAUSE	Camd	len ath Subsenu	Interval Be	resulting in death) etween Onset and hs	LAST	
35b. Municipality Collingswood Borough CAUSE OF DEATH. 36a. P the cai mmediate Cause a Cerebrovascular Diseas Due to (or as a consequence Congestive Heart Failure	e of):	MEDIATE CAUSE on Line a. Enter the	- final disease or condit SUNDERLYING CAUSE	Camd	len ath Subsenu	Interval Be	resulting in death) etween Onset and hs	LAST	
35b. Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cai mmediate Cause Cerebrovascular Diseas Due to (ar as a consequence Congestive Heart Failur Due to (ar as a consequence Atrial Fibrillation	e of)	MEDIATE CAUSE on Line a. Enter the	- final disease or condit e UNDERLYING CAUSE	Camd	len ath Subsenu	Interval Be	resulting in death) etween Onset and hs ths	LAST	
CAUSE OF DEATH: CAUSE OF DEATH: CAUSE OF DEATH: Cerebrovascular Diseas Due to (or as a consequence Catial Fibrillation Due to (or as a consequence Congestive Heart Failur Due to (or as a consequence Congestive Heart Failur Coue to (or as a consequence Catial Fibrillation Coue to (or as a consequence Chronic Obstructive Pul	e of): of): monary Di	on Line a. Enter the	UNDERLYING CAUSE	Camdion resulting in dea	len ath Subsenu	Interval Be 6 month	resulting in death) etween Onset and hs ths	LAST	
35b. Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cai mediate Cause Cerebrovascular Diseas Due to (aras a consequence Atrial Fibrillation Due to (ar as a consequence Atrial Fibrillation Due to (ar as a consequence Country of the consequence Country of the consequence Country of the cause of the country of the cause of the ca	e of) of) monary Di	on Line a. Enter the	UNDERLYING CAUSE	Camdion resulting in deal on resulting in deal of the control of t	len ath Subsenu	the events Interval B 6 month 18 mon 26 mon 6 years	resulting in death) etween Onset and hs ths	LAST	
35b. Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cai mediate Cause Cerebrovascular Diseas Due to (aras a consequence Atrial Fibrillation Due to (ar as a consequence Atrial Fibrillation Due to (ar as a consequence Country of the consequence Country of the consequence Country of the cause of the country of the cause of the ca	e of) of) monary Di	on Line a. Enter the	UNDERLYING CAUSE	Camdion resulting in dealer (disease or injury) ing in 37 Was No 38 Were	den Subseque that initiated that initiated an Autopsy I	Interval Be 6 month 18 mon 26 mon 6 years Performed?	resulting in death) etween Onset and hs ths	LAST. Death	
CAUSE OF DEATH: CAUSE OF DEATH: CAUSE OF DEATH: Cause Cerebrovascular Diseas Due to (or as a consequence Atrial Fibrillation Due to (or as a consequence Chronic Obstructive Put Chronic Obstructive Put Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause Cause	e of) of) monary Di nificant cor	on Line a. Enter the	UNDERLYING CAUSE	ion resulting in dealer (disease or injury) ing in 37 Was No 38 Were Death?	den Subseque that initiated that initiated an Autopsy I	Interval Be 6 month 18 mon 26 mon 6 years	resulting in death) etween Onset and hs ths	LAST. Death	
35b Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cai mediate Cause Cerebrovascular Diseas Due to (or as a consequence Congestive Heart Failur Due to (or as a consequence Atrial Fibrillation Due to (or as a consequence Chronic Obstructive Put 16b. PART II - Enter other sig underlying cause given in PAI Diabetes Mellitus	e of) monary Di nificant cor	on Line a. Enter the	g to death but not result	ion resulting in dealer (disease or injury) ing in 37. Was No 38. Were Death?	ten Subseque y that initiated an Autopsy Fin a Autopsy Fin pplicable	Interval B 6 mont 18 mon 26 mon 6 years Performed?	resulting in death) etween Onset and hs ths	Death ause o	
Job Municipality Collingswood Borough CAUSE OF DEATH. CAUSE OF DEATH. In a cause Cerebrovascular Diseas Due to (or as a consequence Actual Fibrillation Due to (or as a consequence Athal Fibrillation Due to (or as a consequence Chronic Obstructive Put 6.6 PART-II - Enter other sig nderlying cause given in PAF Diabetes Mellitus 9. Date of Injury (Mo/Day/Yr)	e of) monary Di nificant cor	isease inditions contribution of injury (24-hr)	g to death but not result	ion resulting in dealer (disease or injury) ing in 37. Was No 38. Were Death?	ten Subseque y that initiated an Autopsy Fin a Autopsy Fin pplicable	Interval B. Interval B. 6 monti 18 mon 26 mon 6 years Performed? Idings Availa	resulting in death), etween Onset and etween Onset and this this this this complete	Death ause o	
35b. Municipality Collingswood Borough CAUSE OF DEATH The cammediate Cause Cerebrovascular Diseas Due to (or as a consequence Congestive Heart Failuri Due to (or as a consequence Arial Fibrillation Due to (or as a consequence Chronic Obstructive Pul 6b. PART II - Enter other sig nderlying cause given in PAI Diabetes Mellitus 9 Date of Injury (Ma/Day/Yr) 3a Location of Injury (Numbi	use listed of e of) e of) monary Di nificant cor RT I: 40 Tim er and Stre	isease inditions contribution of injury (24-hr)	g to death but not result	ion resulting in dealer (disease or injury) ing in 37. Was No 38. Were Death?	an Autopsy Fire population site. rest	the events Interval Bi 6 mont 18 mon 26 mon 6 years Performed? ddings Availe aurant) y	resulting in death) etween Onset and ins ths ths 42. Injury at work? 43d. State	Death ause o	
CAUSE OF DEATH: CAUSE OF DEATH: CAUSE OF DEATH: Cause Cerebrovascular Diseas Due to (or as a consequence Atrial Fibrillation Due to (or as a consequence Atrial Fibrillation Due to (or as a consequence Corpositive Heart Failur Due to (or as a consequence Atrial Fibrillation Due to (or as a consequence Chronic Obstructive Put 6b. PART-II - Enter other sig Inderlying cause given in PAF Diabetes Mellitus 9 Date of Injury (Mo/Day/Yr) 3a Location of Injury (Numb	use listed of e of) e of) monary Di nificant cor RT I: 40 Tim er and Stre	isease inditions contribution of injury (24-hr)	g to death but not result	ion resulting in dealer (disease or injury) ing in 37. Was No 38. Were Death?	an Autopsy Fire population site. rest	Interval B. Interval B. 6 monti 18 mon 26 mon 6 years Performed? Idings Availa	resulting in death) etween Onset and ins ths ths 42. Injury at work? 43d. State	Death ause o	
35b. Municipality Collingswood Borough CAUSE OF DEATH The Cause Corebrovascular Diseas Due to (or as a consequence Congestive Heart Failure Due to (or as a consequence Atrial Fibrillation Due to (or as a consequence Chronic Obstructive Pul 8b. PART-II - Enter other sig nderlying cause given in PAI Diabetes Mellitus 9 Date of Injury (Mo/Day/Yr) 3a Location of Injury (Numb 4 Describe How Injury Occu	use listed of e of) e of) monary Di nificant cor RT I: 40 Tim er and Stre	isease Iditions contribution of Injury (24-hr) of Zip Code)	g to death but not result 41. Place of Injury (e.) 43b. Municipality	ing in 37 Was No 38 Were Death? Not A) g home, construct	an Autopsy Fire policiable toon site, rest	the events Interval Bi 6 month 18 month 26 month 6 years Performed? Idings Availations y Fransportable	resulting in death), etween Onset and instruction of the service o	Death ause o	
See Municipality Collingswood Borough CAUSE OF DEATH The cammediate Cause Cerebrovascular Diseas use to (or as a consequence Congestive Heart Failure use to (or as a consequence Artial Fibrillation use to (or as a consequence Artial Fibrillation use to (or as a consequence Chronic Obstructive Pul 6b. PART II - Enter other sig nderlying cause given in PAI Diabetes Mellitus 9 Date of Injury (Mo/Day/Yr) 3a Location of Injury (Numb 4 Describe How Injury Occu 5. Manner of Death	use listed of e of) e of) monary Di nificant cor RT I: 40 Tim er and Stre	isease ditions contribution et . Zip Code) 47. Did Decedent Have Diabetes?	g to death but not result	ion resulting in dealer (disease or injury) ing in 37. Was No 38. Were Death?	an Autopsy Fire policiable toon site, rest	the events Interval Bi 6 month 18 month 26 month 6 years Performed? Idings Availations y Fransportable	resulting in death), etween Onset and instruction of the service o	Death ause o	
35b Municipality Collingswood Borough CAUSE OF DEATH. 36a. P the ca mediate Cause Cerebrovascular Diseas Due to (or as a consequence). Congestive Heart Failun Due to (or as a consequence Artial Fibrillation Due to (or as a consequence). Artial Fibrillation Due to (or as a consequence). Due to (or as a consequence). Artial Fibrillation Due to (or as a consequence). Due to (or as a consequence). Artial Fibrillation Due to (or as a consequence). Due to (or as a consequence). Artial Fibrillation	use listed of e of) e of) monary Di nificant cor RT I: 40 Tim er and Stre	isease iditions contribution of Injury (24-hr) et. Zip Code) 47 Did Decedent Have Diabetes? Yes	g to death but not result 41. Place of thiury (e 43b. Municipality 48. Did Tobacco Use Contribute to Death? Probably	ing in 37 Was No 38 Were Death? Not A) g. home. construct	an Autopsy I Autopsy Fin Auto	the events Interval B- 6 mont 18 mon 26 mon 6 years Performed? Idings Availa aurant) y Transportable	resulting in death), etween Onset and instruction of the service o	Death ause o	
35b Municipality Collingswood Borough CAUSE OF DEATH. 36a. P the cai mmediate Cause Cerebrovascular Diseas Due to (or as a consequence Congestive Heart Failur Due to (or as a consequence Chronic Obstructive Put 16b. PART-II – Enter other sig mderlying cause given in PAF Diabetes Mellitus	use listed of e of) e of) monary Di nificant cor RT I: 40 Tim er and Stre	isease ditions contributin et. Zip Code) 47. Did Decedent Have Diabetes? Yes 51. Name. At Lance Will	g to death but not result 41. Place of thiury (e 43b. Municipality 48. Did Tobacco Use Contribute to Death? Probably ddress, and Zip Code of iam Neveling	ing in 37 Was No 38 Were Death? Not pregnant Certifier	an Autopsy Fin Aut	Interval Bid formula Bid formu	resulting in death), etween Onset and ins. ths ths 42. Injury at work? 43d. State on Injury:	Death ause o	
35b Municipality Collingswood Borough CAUSE OF DEATH. 36a. P the cai mmediate Cause 1 Cerebrovascular Diseas Due to (or as a consequence c. Congestive Heart Failur. Due to (or as a consequence c. Atrial Fibrillation Due to (or as a consequence c. Chronic Obstructive Put 16b. PART-II - Enter other sig mderlying cause given in PAF Diabetes Mellitus 9. Date of Injury (Ma/Day/Y/) 3a. Location of Injury (Numb. 4. Describe How Injury Occu 6. Manner of Death Natural 0. Certifier Type Certifying Physician or APN	use listed of e of of e of of e of of e of e of	isease ditions contributin et. Zip Code) 47. Did Decedent Have Diabetes? Yes 51. Name. At Lance Will	g to death but not result 41. Place of injury (e. 43b. Municipality 48. Did Tobacco Use Contribute to Death? Probably dress, and Zip Code of	ing in 37. Was No 38. Were Death? Not pregnant Certifier 10. Atlantic Ave, C	an Autopsy I an Au	Interval Bid formula Bid formu	resulting in death), etween Onset and ins. ths ths 42. Injury at work? 43d. State on Injury:	Death ause o	
35b Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cai mmediate Cause Cerebrovascular Diseas Due to (or as a consequence Catriol of the cai congestive Heart Failur Due to (or as a consequence Catriol Fibrillation Due to (or as a consequence Catriol Failur Diabets Mellitus Diabets Mellitus Diabets Mellitus Diabets Mellitus Diabets Mellitus Catriol Catrio	use listed of e off) e e off) e e off) off) monary Di minicant cor RT I: 40 Timer and Street rred	isease ditions contributin et. Zip Code) 47. Did Decedent Have Diabetes? Yes 51. Name. At Lance Will	g to death but not result 41. Place of thiury (e 43b. Municipality 48. Did Tobacco Use Contribute to Death? Probably ddress, and Zip Code of iam Neveling	ing in 37 Was No 38 Were Death? Not pregnant Certifier	an Autopsy in Autopsy in Autopsy in Autopsy Fire Autopsy Fire Politicable 45 If Tregandry State Within the politingswood beer	the events Interval B-6 6 montl 18 mon 26 mon 26 mon 30 montl 18 mon 4 years 27 erformed? 4 years 4 ransportation 4 years 4 year 4 year 5 years 5 years 5 years 5 years 5 years 5 years	resulting in death), etween Onset and ins this this this able to Complete C 42. Injury at work? 43. Injury at work? 43. State on Injury.	Death ause o	
35b Municipality Collingswood Borough CAUSE OF DEATH: 36a. P the cai mmediate Cause 3. Cerebrovascular Diseas Due to (or as a consequence 6. Congestive Heart Failur Due to (or as a consequence 7. Atrial Fibrillation Due to (or as a consequence 8. Atrial Fibrillation Due to (or as a consequence 9. Chronic Obstructive Put 16b. PART-II - Enter other sig 16b. PART-II - Enter other sig 17b. Diabetes Mellitus 17b. D	use listed of e of) e of) e of) monary Di minimat cor RT I: 40 Tim er and Stree rred	isease ditions contributin are of Injury (24-hr) 47 Did Decedent Have Diabetes? Yes 51. Name. At Lance Will Collingsw.	g to death but not result 41. Place of thiury (e 43b. Municipality 48. Did Tobacco Use Contribute to Death? Probably ddress, and Zip Code of iam Neveling	ing in 37 Was No 38 Wert Death? Not A) g. home. construct 49. If Female, Properties of the program of the prog	an Autopsy in Autopsy in Autopsy in Autopsy Fire Autopsy Fire Politicable 45 If Tregandry State Within the politingswood ber 10	Interval Bid formula Bid formu	resulting in death), etween Onset and its this this this able to Complete C 42. Injury, at work? 43. Injury at work? 43. State on Injury.	Death ause of	

DATE ISS

ISSUED B

Waterford Township

Andrea Lanutti, Deputy Registrar

This is to certify that the above is correctly copied from a record on file in my office. Certified copy not valid unless the raised Great

Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Vincent T. Arrisi State Registrar Office of Vital Statistics and Registry



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

