

IN THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

WAYNE HUNT,)	
Appellant,)	
v.)	Vet. App. No. 21-1289
DENIS MCDONOUGH,)	
Secretary of Veterans Affairs,)	
Appellee.)	

APPELLANT'S UNOPPOSED MOTION FOR A 45-DAY EXTENSION OF TIME, UNTIL AUGUST 21, 2023

Pursuant to U.S. Vet. App. Rules 26 and 45(g), the undersigned counsel respectfully requests a 45-day extension of time.

Appellant Wayne Hunt passed away on October 24, 2022. Undersigned counsel learned of Appellants death on or around April 21, 2023. At the time undersigned counsel learned of Appellant's death, settlement conversations were ongoing with Appellee's counsel to grant Appellant veteran status. Undersigned counsel requested and received a copy of Appellant's death certificate. (Exhibit A.) The death certificate provided the name of Appellant's next-of-kin – Margaret Taylor. Undersigned counsel then requested a 45-day extension of time to contact Ms. Taylor. Within the allotted time, undersigned counsel spoke with Ms. Taylor, who is over the age of 18 and, despite her efforts, did not bear the last costs and expenses; therefore, she is not an eligible accrued-benefits claimant.

Additional time is needed for research and preparation of all possible arguments, including the potential of a posthumous award of veteran status. Because Appellant's next-of-kin is not an eligible accrued-benefits claimant, there are no monetary benefits at issue that would be negatively impacted by the extension. Therefore, undersigned counsel respectfully requests an additional 45-day extension to respond comprehensively to and resolve all matters in the Court's May 4, 2023 Order.

Since the Court's October 4, 2022 Per Curiam Order requesting substitute briefing, the undersigned counsel has received 45 days extension time. Appellee has received 45 days extension time. Prior to the Court's October 4, 2022 Per Curiam Order, Appellant's prior counsel received 30 days of extension time and Appellee received 45 days of extension time.

Appellee's counsel has indicated they are unopposed to this motion.

WHEREFORE, the undersigned counsel respectfully moves the Court for a 45day extension of time, from July 7, 2023 to August 21, 2023.

Respectfully submitted,

/s/ Ashlyn M. Anderson-Keelin

ASHLYN M. ANDERSON-KEELIN

Supervising Attorney The Bob Parsons Veterans Advocacy Clinic University of Baltimore School of Law 1420 N. Charles St.

Baltimore, MD 21201

(410) 837-6723

Exhibit A: Wayne Hunt's Death Certificate

The Commonwealth of Massachusetts

1288373

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AND THE PROPERTY OF THE PROPER



Commonwealth of Massachusetts Registry of Vital Records and Statistics CERTIFICATE OF DEATH

State File # 2022 052521

Registered #

6896

07012019			
Place of Death 17 COURT STREET, BOSTON, MA	1- 7CVDC C- MALE		
Date of Death OCTOBER 24, 2022 Current Name HUNT, WAYNE ROBERT Surname at Birth or Adoption HUNT AKA —	Age 76 YRS Sex MALE SSN 6784		
	NY, NEW YORK		
Residence 17 COURT STREET, BOSTON, MASSACHUSETTS 02108 Education			
WHITE	9TH - 12TH GRADE, NO DIPLOMA		
Marital Status Occupation/Industry NEVER MARRIED TRUCK DRIVER/COMMERC	CIAL DRIVER		
Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	Decedent: U.S. Veteran (Most Recent)		
Parent Name - Last, First Middle (Surname at Birth or Adoption) UNKNOWN Parent Name - Last, First Middle (Surname at Birth or Adoption) UNKNOWN	Birthplace UNKNOWN Birthplace UNKNOWN		
PARSONAGE - TURNER SYNDROME b. Due to or as a consequence of:	YRS.		
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of:			
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of: Part II. Other significant conditions contributing to death but not result ing i			
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of: d. Due to or as a consequence of: Part II. Other significant conditions contributing to death but not result ing i	in underlying cause Manner of Death:		
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of:	in underlying cause Manner of Death NATURAL		
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of: d. Due to or as a consequence of: Part II. Other significant conditions contributing to death but not result ing i	in underlying cause Manner of Death NATURAL Time of Death: 11:23 AM Result of Injury: NO Lic # 249322		
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of: Part II. Other significant conditions contributing to death but not result ing i	in underlying cause Manner of Death NATURAL Time of Death: 11:23 AM Result of Injury: NO Lic # 249322		
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of: Part II. Other significant conditions contributing to death but not result ing it Certifier MARGARET SEATER, DO Addr. 251 CAUSEWAY STREET, BOSTON, MASSACHUSET	Manner of Death: NATURAL Time of Death: 11:23 AM Result of Injury: NO Lic # 249322 TS 02114 Lic # 5995		
b. Due to or as a consequence of: c. Due to or as a consequence of: d. Due to or as a consequence of: Part II. Other significant conditions contributing to death but not result ing i Certifier MARGARET SEATER, DO Addr. 251 CAUSEWAY STREET, BOSTON, MASSACHUSET Funeral Licensee/ Designee WILLIAM F SPENCER, JR	Manner of Death: NATURAL Time of Death: 11:23 AM Result of Injury: NO Lic # 249322 TS 02114 Lic # 5995		

DATE ISSUED:

APRIL 20, 2023

I, the undersigned, hereby certify that I am the Registrar of the City of Boston; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

Registrar City of Boston



BOSTON 6896				
BOSTON				
STATE VOL/PG: 106/1	84 OPEN			
If U.S. war veteran, spec Branch of military (mos		D. M. Waller and		
Branch of military (mos	(recent)	Rank/organization/o	nulfu(most recent)	
Date entered(most recer	nt) Date Discha	rged (most recent)	Service Number(most recent)	
Place of Death Type DECEDENT'S RES		Date of Pronouncement	Time of Pronouncement	
RN:NPiPA Pronouncem	ent? Name of RN/NP/PA Pron	ouncing Death	Lic #	
NO — RN/NP/PA Employing Agency or Institution — Name of Physician or Medical Examiner notified —				
Was M E. Notified? YES	Provider in charge of patient's —	care, if not certifier		
Autopsy Performed? NO	Findings available for Cause?	Tobacco contribute to death? UNKNOWN	Pregnancy Status, if female	
Date of Injury	Time of Injury	Injury at Work?	If Transportation Injury, specify:	
Place of Injury: Location/Address of Injury:				
Describe How Injury Oc	currea			
Expanded Race: WHIT	ΓE			
Ethnicity: AMERICA	N			
Informant Name MARGARET — TA Addr. 13 FALLON A	YLOR PARTMENTS, APT. # 13, 1	ΓROY, NEW YORK 12180	Relationship DAUGHTER	
Date Disposition Permit	Issued: NOVEMBER 02, 2	8022 Board of Health Agent	PAUL SHOEMAKER	
State Tracking No.	052521	Local Permit No.	B22052521	

SFN: 2022 052521

HUNT

WARNING:

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