

IN THE GRAND COURT OF THE CAYMAN ISLANDS  
HOLDEN AT GEORGE TOWN, GRAND CAYMAN

CAUSE NO. \_\_\_\_\_ OF 2019

PROBATE AND ADMINISTRATION NO. 26 OF 2019



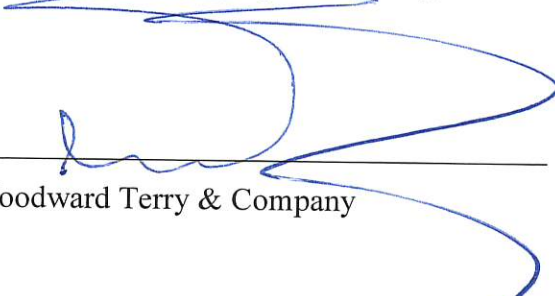
IN THE ESTATE OF WILMAR ROY HENNING AKA WILMER R. HENNING AKA  
WILMAR R. HENNING



APPLICATION FOR SPECIAL LEAVE

Application is hereby made to this Honorable Court on behalf of WILLIE ROY HENNING aka WILMER ROY PATRICK HENNING ("the Applicant"), of 4302 West Ish Brant Court, Jacksonville, Florida, 32210, USA, for the grant to him of Special Leave by this Honourable Court to apply for a Grant of Letters of Administration in the estate of his father, the late, Wilmar Roy Henning aka Wilmer R. Henning aka Wilmar R. Henning, formerly of 4302 West Ish Brant Court, Jacksonville, Florida, 32210, USA, and of 203 Batabano Road, West Bay, Grand Cayman, Cayman Islands, British West Indies, who died a married man, intestate, on the 30<sup>th</sup> day of March, 2005 at the age of 84 years, at St. Vincent's Medical Centre, Jacksonville, Florida, 33205, USA, and I attach hereto in support of this Application the original of the Applicant's Affidavit in Support of Application For Special Leave.

Dated this \_\_\_\_\_ day of February, 2019

  
Woodward Terry & Company

FILED BY: WOODWARD TERRY & COMPANY, Attorneys-at-Law for the applicant herein whose address for service is that of his said Attorneys-at-Law, Suite #10, 2<sup>nd</sup> Floor, Jack & Jill Building, 19 Fort Street, George Town, P.O. Box 822, Grand Cayman KY1-1103, Cayman Islands, British West Indies

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

2005 049622

FILE NO. 05 727 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **Wilmer R. Henning** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **September 13, 1920** 4a. AGE-Last Birthday (Year) **84** 4b. UNDER 1 YEAR Months **0** Days **0** 4c. UNDER 1 DAY Hours **0** Minutes **0** 5. DATE OF DEATH (Month, Day, Year) **March 30, 2005**

6. SOCIAL SECURITY NUMBER **231-40-4800** 7. BIRTHPLACE (City and State or Foreign Country) **Grand Cayman Islands** 8. COUNTY OF DEATH **Duval**

9. PLACE OF DEATH (Check only one) HOSPITAL:  Inpatient  Emergency Room/Outpatient  Dead on Arrival  
NON-HOSPITAL:  Hospice Facility  Nursing Home/Long Term Care Facility  Decedent's Home  Other (Specify)

10. FACILITY NAME (If not institution, give street address) **St. Vincents Medical Center** 11a. CITY, TOWN, OR LOCATION OF DEATH **Jacksonville** 11b. INSIDE CITY LIMITS?  Yes  No

12. MARITAL STATUS (Specify)  Married  Married, but Separated  Widowed  Divorced  Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) **Iris Bodden**

14a. RESIDENCE - STATE **Florida** 14b. COUNTY **Duval** 14c. CITY, TOWN, OR LOCATION **Jacksonville**

14d. STREET ADDRESS **3322 Randall Street** 14e. APT. NO. **0** 14f. ZIP CODE **32205** 14g. INSIDE CITY LIMITS?  Yes  No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") **Seaman** 15b. KIND OF BUSINESS/INDUSTRY **Merchant Marines**

16. DECEDENT'S RACE (Specify the race(s) to indicate what decedent considered himself/herself to be. More than one race may be specified.)  
 White  Black or African American  American Indian or Alaskan Native (Specify tribe)  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian (Specify)  
 Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Isl. (Specify)  Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)  Yes (If Yes, specify)  No  Mexican  Puerto Rican  Cuban  Central/South American  Other Hispanic (Specify)  Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)  
 8th or less  High school but no diploma  High school diploma or GED  
 College but no degree  College degree (Specify):  Associate  Bachelor's  Master's  Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No

20. FATHER'S NAME (First, Middle, Last, Suffix) **Leonard Henning** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **Annicc Ebanks**

22a. INFORMANT'S NAME **Iris B. Henning** 22b. RELATIONSHIP TO DECEDENT **Wife** 22c. INFORMANT'S MAILING - STATE **Florida**

23a. CITY OR TOWN **Jacksonville** 23b. STREET ADDRESS **3322 Randall Street** 23c. ZIP CODE **32205**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Riverside Memorial Park** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Jacksonville**

26a. METHOD OF DISPOSITION  Burial  Entombment  Cremation  Donation  Removal from State  Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?  Yes  No 27a. LICENSE NUMBER (of Licensee) **4112** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]*

28. NAME OF FUNERAL FACILITY **Hardage-Giddens Funeral Home** 28a. FACILITY'S MAILING - STATE **Florida**

28b. CITY OR TOWN **Jacksonville** 28c. STREET ADDRESS **729 South Edgewood Avenue** 28d. ZIP CODE **32205**

30. CERTIFIER:  Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier) **M. Bashir Ahmed** 31b. DATE SIGNED (mm/dd/yyyy) **04/06/2005** 31c. TIME OF DEATH (24 hr.) **0105** 32. MEDICAL EXAMINER'S CASE NUMBER

34a. LICENSE NUMBER (of Certifier) **ME 89832** 34b. CERTIFIER'S NAME **M. Bashir Ahmed** 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

36a. CERTIFIER'S STATE **Florida** 36b. CITY OR TOWN **Jacksonville** 36c. STREET ADDRESS **1800 Barrs Street #1809** 36d. ZIP CODE **32204**

37. SIGNATURE OF REGISTRAR **[Signature]** 38a. LOCAL REGISTRAR - Signature **[Signature]** 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) **APR 19 2005**

38. PROBABLE MANNER OF DEATH The following are under the jurisdiction of the medical examiner:  
 Natural  Accident  Suicide  Homicide  Pending Investigation  Undetermined

40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH?  Yes  No

41. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiac Arrest**  
Due to (or as a consequence of):

Sequentially list 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

**Coronary Artery Disease**  
Due to (or as a consequence of):

**Hypertension**  
Due to (or as a consequence of):

**Chronic Obstructive Pulmonary Disease**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42a. WAS AN AUTOPSY PERFORMED?  Yes  No 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  Yes  No

43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 43b. DATE OF SURGERY (Mo., Day, Yr.) 44. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  No  Probably  Unknown

45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR?  Yes  No  Unknown If Yes, specify timeframe:  at time of death  within 1 to 42 days of death  within 43 days to 1 year of death

46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY (24 hr.) 48. INJURY AT WORK?  Yes  No 49a. LOCATION OF INJURY - STATE

49b. CITY OR TOWN 49c. STREET ADDRESS 49d. APT. NO. 49e. ZIP CODE

50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

IF TRANSPORTATION INJURY, 52a. Status of Decedent  Driver/Operator  Passenger  Pedestrian  Other (Specify)

52b. Type of Vehicle  Car/Minivan  S.U.V.  Motorcycle  Pickup Truck/Cargo Van  Bus  Heavy Transport  Other (Specify)

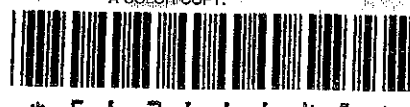
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VOID IF ALTERED OR ERASED

*[Signature]* State Registrar

Date Issued: May 15, 2018  
REQ: 2019292722

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
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