

IN THE GRAND COURT OF THE CAYMAN ISLANDS, CIVIL DIVISION

Cause No. \_\_\_\_\_ of 2020

Probate and Administration Application No. 30 of 2020

In the Estate of Christine Godfray, Deceased

**APPLICATION FOR GRANT OF PROBATE OF A WILL**

Succession Law

Section 3(7)

(2006 Revision)

I, **GRAEME GOODALL**, of 303 Bimini Drive, George Town, Grand Cayman, being the Executor named in the last Will of the late **Christine Godfray** formerly of Prospect, Grand Cayman, surviving the deceased, being over the age of eighteen years and not having renounced probate, which said Will was made at George Town, Grand Cayman on 02 July 1998, and a copy of the said Will, at the time of the death of the deceased, having been found lying in the custody of Ogier (Jersey) LLP, Attorneys-at-Law, at the firm's offices in Jersey in the Channel Islands, together with the Certificate of Death, annexed hereto HEREBY APPLY for a Grant of Probate of the said Will to me and I enclose herewith my Affidavit in that behalf and I undertake that, in the event of such grant being made to me, I will:

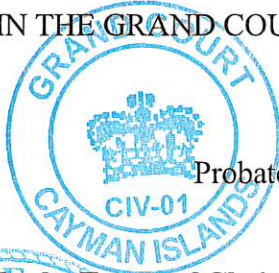
- (a) within six months of the grant to me of probate of the said Will, I will prepare a true inventory of the said estate and exhibit and file the same in the Probate Registry; and
- (b) within one year of such grant to me, I will administer the said estate according to the tenor of the Will and directions, if any, of the courts and file in the Probate Registry a general accounting for the whole of the assets of the said estate.

Date: 18 FEBRUARY, 2020

*G Goodall*

**GRAEME GOODALL**

This **Application for Grant of Probate of a Will** was filed by Bodden & Bodden, Attorneys-at-Law for the Executor (Applicant), whose address for service is 878 West Bay Road, Caribbean Plaza, George Town, P.O. Box 10335, Grand Cayman, KY1-1003, Cayman Islands Telephone (345) 623-8261



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020006554

DATE ISSUED: JANUARY 17, 2020

DECEDENT INFORMATION

DATE FILED: JANUARY 17, 2020

NAME: CHRISTINE GODFRAY

DATE OF DEATH: JANUARY 10, 2020

SEX: FEMALE SSN: 999-99-9999

AGE: 055 YEARS

DATE OF BIRTH: JUNE 9, 1964

BIRTHPLACE: LISBON, PORTUGAL

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: BAPTIST HOSPITAL OF MIAMI

LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33176

RESIDENCE: 1 SANDY GROUND DRIVE, SAVANNAH, CAYMAN ISLANDS

OCCUPATION, INDUSTRY: CHARTERED ACCOUNTANT, FUND ADMINISTRATION

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: WILLIAM COLLINS GOODALL

MOTHER'S/PARENT'S NAME: MCNEE

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: GRAEME GOODALL

RELATIONSHIP TO DECEDENT: BROTHER

INFORMANT'S ADDRESS: PO BOX 1722, KY1-1504, SAVANNAH, GRAND CAYMAN, CAYMAN ISLANDS

FUNERAL DIRECTOR/LICENSE NUMBER: JOHN B HAGIN, F044209

FUNERAL FACILITY: BROOKS CREMATION AND FUNERAL SERVICE F040131  
4058 NE 7 AVE, FORT LAUDERDALE, FLORIDA 33334

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ALLEN & SHAW CREMATORY  
OPA-LOCKA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1153

DATE CERTIFIED: JANUARY 15, 2020

CERTIFIER'S NAME: IVAN RAMON ESPAILLAT

CERTIFIER'S LICENSE NUMBER: ME92158

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. SEPSIS

b. ISCHEMIC BOWEL DISEASE

c. DISSEMINATED INTRAVASCULAR COAGULATION

d. HEMOLYTIC ANEMIA

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

*Kim G...*

, STATE REGISTRAR

REQ: 2021223950

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

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND A COLOR COPY. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



I, Paul Simon, a Notary Public in and for the Cayman Islands, hereby Certify this Document to be a True and Correct Copy of the Original.  
This 18th day of February 2020  
*Paul Simon*  
My Commission Expires on 31 January 2021

VOID IF ALTERED OR ERASED

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