

IN THE GRAND COURT OF THE CAYMAN ISLANDS  
PROBATE AND ADMINISTRATION DIVISION



CAUSE No. P 60 OF 2021


**THE ESTATE OF KATHLEEN MARIE KIPP (a.k.a. Kathleen M. Kipp, Kathleen Kipp, Kathie Kipp, Kathy Kipp, Kathleen Marie Nicholson, Kathleen M. Nicholson, Kathie Nicholson, Kathleen Marie Cain, Kathleen M. Cain, Kathie Cain), DECEASED.**

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

I, **KRISTIN ELIZABETH EMOND** (formerly known as Kristin Elizabeth Nicholson) of 75 Prince Charles Quay, Governor's Harbour, P.O. 30688, Grand Cayman, KY1-1203, Cayman Islands, being the Executrix named in the last Will and Testament of the late **KATHLEEN MARIE KIPP (a.k.a. Kathleen M. Kipp, Kathleen Kipp, Kathie Kipp, Kathy Kipp, Kathleen Marie Nicholson, Kathleen M. Nicholson, Kathie Nicholson, Kathleen Marie Cain, Kathleen M. Cain, Kathie Cain)** formerly of West Bay, Grand Cayman, Cayman Islands, surviving the deceased as well as Ronald L. Kipp (d/o/d July 21, 2019), and being over the age of 18 years, and not having renounced probate, which said Will was made at the offices of Giglioli & Company, 4F Kirk House, Panton Place, P.O. Box 2505, Grand Cayman KY1-1104 and the said Will, at the time of death of the deceased, having found lying at 75 Prince Charles Quay, Governor's Harbour, Grand Cayman, in the custody of Kristin Elizabeth Emond (maiden name Kristin Elizabeth Nicholson), which said Will, together with the Certificate of Death, is 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 the directions, if any, of the Courts and file in the Probate Registry a general account accounting for the whole of the assets of the said Estate.

Dated this 29<sup>th</sup> day of March, 2021.

  
\_\_\_\_\_  
**KRISTIN ELIZABETH EMOND**  
(Formerly Kristin Elizabeth Nicholson)

  
\_\_\_\_\_  
**CAYMAN FAMILY LAW**  
Attorneys for the Applicant

**LAST WILL AND TESTAMENT OF KATHLEEN M. KIPP**

**THIS WILL** dated the 25<sup>th</sup> day of September, 1998 is made by me **KATHLEEN M. KIPP** of George Town, Grand Cayman, Cayman Islands.

1. I hereby revoke all wills and testamentary dispositions heretofore made by me and declare this to be my last Will.
2. I hereby declare that I am domiciled and ordinarily resident in the Cayman Islands.
3. I appoint my husband **RONALD LEROY KIPP** whom failing **KRISTIN ELIZABETH NICHOLSON** the Executor of this my Will ("my Executor").

I direct my Executor to dispose of my body either by burial at sea with my father's American flag or by cremation. In the event my remains are cremated it is my wish that my Executor spread my ashes underwater off the Cayman Wall or the White Wall in Fiji and have a small ceremony with champagne and red roses.

4. I direct that my Executor shall pay out of my estate my funeral and testamentary expenses, debts and all taxes and other duties that may be payable on or by reason of my death in respect of my estate or any part thereof or any gift hereby made or any transfer or gift made by me during my lifetime or the property comprised in any such transfer or gift.
5. If my husband and I should die simultaneously, or under circumstances which make it difficult or impossible to determine which of us died first, I direct that I be deemed to have survived him for purposes of this will; and I direct further that the provisions of this will be construed upon that assumption, irrespective of any provisions of law establishing a contrary presumption.

6. I give the following legacies:

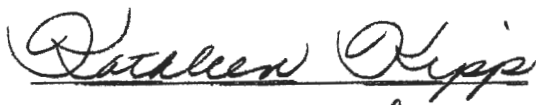

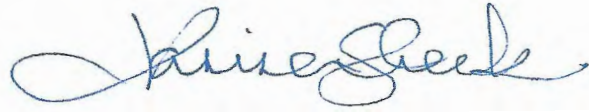
- (1) To my daughter Kristin Elizabeth Nicholson all proceeds of any of my insurance policies having been named beneficiary to my estate.
- (2) To my said daughter Kristin any and all banks' certificates of deposit, monies or any other assets which I alone may own at the date of my death which shall include, but not be limited to, my shareholding in Sea Star Limited and my shareholding in that publicly quoted company known as IBM.
- (3) I further bequeath to my said daughter Kristin all personal jewelry, family china, photographs and memorabilia from the Callahan, Cain and Nicholson families.
- (4) To my goddaughter Cathryn Rinella I bequeath my lithography entitled "Boy with Dog".
- (5) Subject to the above bequests I devise and bequeath the remainder of my real and personal property whatsoever and wheresoever (including any property of which I may have a general power of appointment or disposition by will) to my husband Ronald Leroy Kipp.
- (6) In the event my husband predeceases me I bequeath my shareholding in Bob Soto's Diving Ltd. to my daughter Kristin and Steven Patrick Kipp, Thomas Bradley Kipp and Jeffrey Curtis Kipp in equal shares absolutely.



7. If any of the beneficiaries of any of the above legacies shall die during my lifetime leaving a child or children alive at or born after my death who shall attain the age of eighteen years or marry under that age then shall child or children shall take by substitution and if more than one in equal shares the share or shares of my estate which his or her or their parents would have taken if he or she had survived me and attained a vested interest.

IN WITNESS WHEREOF I have hereunto set my hand the day and year first above written.

SIGNED by the Testatrix )  
now present and attested )  
by )  
and )  
in the presence of the )  
Testatrix and of each other )

Name: PHILIPPA WYN-EVANS  
Address: P.O. BOX 30176 SMB, G. CAYMAN, BWI  
Occupation: MANAGER

Name: Kanina S. Creek  
Address: Box 1801 GT  
Occupation: Grand Cayman  
Exec. Assist.



6. I give the following legacies:

- (1) To my daughter Kristin Elizabeth Nicholson all proceeds of any of my insurance policies having been named beneficiary to my estate.
- (2) To my said daughter Kristin any and all banks' certificates of deposit, monies or any other assets which I alone may own at the date of my death which shall include, but not be limited to, my shareholding in Sea Star Limited and my shareholding in that publicly quoted company known as IBM.
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- (6) In the event my husband predeceases me I bequeath my shareholding in Bob Soto's Diving Ltd. to my daughter Kristin and Steven Patrick Kipp, Thomas Bradley Kipp and Jeffrey Curtis Kipp in equal shares absolutely.

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Certified to be a true and correct copy  
of the original  
Dated this 27th day of March 2021  
Laura Clemens  
Laura Clemens  
Notary Public in and for the Cayman Islands  
My commission expires January 31st, 2022

7. If any of the beneficiaries of any of the above legacies shall die during my lifetime leaving a child or children alive at or born after my death who shall attain the age of eighteen years or marry under that age then shall child or children shall take by substitution and if more than one in equal shares the share or shares of my estate which his or her or their parents would have taken if he or she had survived me and attained a vested interest.

IN WITNESS WHEREOF I have hereunto set my hand the day and year first above written.

SIGNED by the Testatrix )  
 now present and attested )  
 by )  
 )  
 and )  
 )  
 in the presence of the )  
 Testatrix and of each other )

*Stellen Kipp*  
*Tracy Schuch*  
*Kristine Creek*

Name: PHILIPPA WYN-EVANS  
 Address: P.O. BOX 30176 SMB, G. CAYMAN, BWI  
 Occupation: MANAGER

Name: *Karina S. Creek*  
 Address: *Box 1801 GT*  
 Occupation: *Grand Cayman Exec. Assist.*

Certified to be a true and correct copy of the original.  
 Dated this *27th* day of *March* 20*21*  
*Laura Clemens*  
 Laura Clemens  
 Notary Public in and for the Cayman Islands  
 My commission expires January 31st, 20*22*

**CAYMAN ISLANDS  
DEATH REGISTRATION FORM**

DEATH IN THE DISTRICT OF: **George Town**

No.: 2021GT00390029

Place of Death: **George Town Hospital**

Usual Residence of Deceased: **75 Prince Charles Quay, West Bay, Grand Cayman, Cayman Islands**

<i>Particulars of Deceased</i>		<i>Cause of Death</i>	
Date of Death:	<b>03 March 2021</b>	I (a) End Stage Dementia	
Full Name:	<b>Kathleen Marie Kipp</b>	(b) due to	
Sex:	<b>Female</b>	(c) due to	
Age:	<b>74 Years 5 Months 9 Days</b>	II (Contributory)	
Occupation or Calling:	<b>Retired Business Owner</b>	Certified by:	<b>Dr. Sarah Elizabeth Cuff</b>
Birthplace:	<b>United States</b>	Qualification:	<b>M.D.</b>

Name: **Kristin Emond**

*Informant*  
Residence: **P.O. Box 30688 KY1-1203, Grand Cayman, Cayman Islands**

Relationship to Deceased: **Daughter**

*Registrar's Certificate*

Signed in my presence by the said informant **Kristin Emond**  
(or)

Entered by me from the particulars of a certificate received from (Witness)

Date **09 March 2021**

Dr. Sarah Elizabeth Cuff  
Signed

**Ruby R. Douglas**  
REGISTRAR



**CAYMAN ISLANDS  
DEATH REGISTRATION FORM**

DEATH IN THE DISTRICT OF: **George Town**

No.: **2019GT01270100**

Place of Death:  
**George Town Hospital, George Town, Grand Cayman, Cayman Islands**

Usual Residence of Deceased:  
**75 Prince Charles Quay, West Bay Road, Grand Cayman, Cayman Islands**

*Particulars of Deceased*

*Cause of Death*

Date of Death: **22 July 2019**

I (a) **Kidney Failure**  
(b) due to **Diabetic Nephropathy**

Full Name: **Ronald Leroy Kipp**

Sex: **Male** Condition: **Married**

(c) due to **Diabetes**  
II (Contributory)

Age: **79 Years 9 Months 19 Days**

Occupation or Calling: **Business Owner**  
Birthplace: **United States**

Certified by: **DR. Nelson Iheonnekwu**  
Qualification: **Internist**

Name: **Kristin Emond**

*Informant*  
Residence: **P.O. Box 30688 KY1-1203, Grand Cayman, Cayman Islands**

Relationship to Deceased: **Step Daughter**

*Registrar's Certificate*

Signed in my presence by the said informant  
(or) **Kristin Emond**  
Entered by me from the particulars of a certificate received from (Witness)

Signed: **DR. Nelson Iheonnekwu**

Date: **23 July 2019**

**Ruby R. Douglas**  
REGISTRAR



HEREBY CERTIFIED  
 DOCUMENT IS A TRUE  
 COPY OF THE RECORD WITH  
 THE OHIO DEPT. OF HEALTH

NY 12 05 04 25 81

*[Signature]*  
 NEWMAN C. J. J. E.  
 OFFICE OF THE  
 REGISTRAR

OHIO DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 CERTIFICATE OF LIVE BIRTH

16078

Reg. Dist. No. 25  
 Primary Reg. Dist. No. 4502

Registrar's No. \_\_\_\_\_  
 Birth No. 13469-170297

CHILD—NAME 1. <u>Kristin Elizabeth Nicholson</u>			DATE OF BIRTH (Month, Day, Year) 2a. <u>Nov. 30, 1969</u>	HOUR 2b. <u>1:55 P.M.</u>
SEX 3. <u>Female</u>	THIS BIRTH (Specify) 4a. <u>single</u>	IF NOT SINGLE BIRTH (Specify) 4b. _____	COUNTY OF BIRTH 5c. <u>Franklin</u>	
CITY, VILLAGE, OR LOCATION OF BIRTH 5b. <u>Columbus</u>		INSIDE CITY LIMITS (Specify yes or no) 5c. <u>yes</u>	HOSPITAL—NAME (If not in hospital, give street and number) 5d. <u>Mt. Carmel Hospital</u>	
MOTHER—MAIDEN NAME 6a. <u>Kathleen Marie Cain</u>			AGE (At time of this birth) 6b. <u>23</u>	STATE OF BIRTH (If not in U.S.A., name country) 6c. <u>Ohio</u>
RESIDENCE—STATE 7a. <u>Ohio</u>	COUNTY 7b. <u>Franklin</u>	CITY, VILLAGE, OR LOCATION 7c. <u>Columbus</u>	INSIDE CITY LIMITS (Specify yes or no) 7d. <u>yes</u>	STREET AND NUMBER 7e. <u>1299 Woodbrook Lane</u>
FATHER—NAME 8a. <u>Seamus Nicholson</u>			AGE (At time of this birth) 8b. <u>23</u>	STATE OF BIRTH (If not in U.S.A., name country) 8c. <u>Ohio</u>
INFORMANT'S NAME OR SIGNATURE 9a. <u>Kathleen Marie Nicholson</u>				RELATION TO CHILD 9b. <u>mother</u>
I certify that the above named child was born alive at the place and time and on the date stated above.			DATE SIGNED 10b. <u>12-10-69</u>	ATTENDANT—M.D., D.O., midwife, other (specify) 10c. <u>MD</u>
SIGNATURE 10a. <u>HARRY E. EZELL</u>			MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 10a. <u>222 E. Town St. Columbus, O.</u>	
CERTIFIER—NAME (Type or Print) 10d. <u>Dr. E. Ezell M.D.</u>			REGISTRAR—SIGNATURE 11a. <u>[Signature]</u>	
REGISTRAR—SIGNATURE 11a. <u>[Signature]</u>			DATE RECEIVED BY LOCAL REGISTRAR 11b. <u>JAN 5 1970</u>	

Certified to be a true and correct copy  
 of the original  
 Dated this 27th day of March 2021  
Laura Clemens  
 Laura Clemens  
 Notary Public in and for the Cayman Islands  
 My commission expires January 31st, 2022



*Certificate of Marriage*  
*State of Maryland*

MONTGOMERY COUNTY

LICENSE NO.  
**223896**

Certified to be a true and correct copy  
of the original  
Dated this 29th day of March, 2003  
Edward P. Johnson  
Laura Clemens  
Notary Public In and for the Gayman Islands  
My Commission expires January 31st, 2008

I Herely Certify that on the thirtieth day of December, 2003  
the following persons were by me united in marriage at Stennis Manors, Rockville, MD  
in accordance with the License of the Clerk of the Court in the jurisdiction shown above.

Groom's Name CHRISTOPHER JOHN EMOND

Age 51

Residence ROCKVILLE MC MD

Birthplace MARYLAND  
Marital Status DIVORCED

Bride's Name KRISTIN ELIZABETH NICHOLSON

Age 33

Residence ROCKVILLE MC MD

Birthplace OHIO  
Marital Status SINGLE

Relationship to groom if any NONE

Issue Date November 24, 2003

Ceremony must take place within six months beginning 6:00am, November 26, 2003.  
685/377

Signature of Authorized Officer

Title and Office

Address of Authorized Officer

Pastor  
1605 Belle Haven Dr MD