



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

CAUSE NO. P 76 OF 2021

IN THE MATTER OF THE ESTATE OF WAYNE ELDRIDGE WEW (Deceased)

APPLICATION FOR LETTERS OF ADMINISTRATION

I, **MARTA LYNN WILE**, of Unit 639, Britannia Villas, Grand Cayman in the Cayman Islands hereby apply for a grant of Letters of Administration of the estate of the late Wayne Eldridge Wew, who died in the State of Arizona in the United States on 24 December 2020, intestate.

I annex hereto my affidavit in support of my application and a copy of the death certificate.

BOND

I declare myself (and my successors) to be jointly and severally bound unto the Financial Secretary of the Islands in the sum of C\$2,400,000.

DATED this *29, April* 2021 and sealed with my seal.

The condition of this obligation is that if the above named do, when lawfully called upon to in that behalf to make or cause to be made a true and perfect inventory of the said estate and do exhibit the same in the Probate Registry wherever lawfully called upon to do so and do well and truly administer the said estate according to law and do make or cause to be made a just account and distribution account thereof whenever lawfully so required and, if, hereafter any will of the deceased may be propounded, to yield up the letters of administration to the Probate Registry, then this obligation shall be void and of no effect, but shall otherwise remain in force and effect.

Signed, sealed and delivered by the within named)
in the presence of - *Joshua Moody*)

Marta Lynn Wile
MARTA LYNN WILE

[Signature]
Notary Public



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2020-072677

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) WAYNE, ELDRIDGE, WEW		2. AKA'S (IF ANY)		3. DATE OF DEATH 12/24/2020		
4. SEX MALE		5. SOCIAL SECURITY NUMBER 000-00-0000		6. DATE OF BIRTH 11/07/1944		
				7. AGE 76 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH PHOENIX, MARICOPA, 85054						
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) INPATIENT - MAYO CLINIC HOSPITAL						
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) BRIDGEWATER, CANADA		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARTA, LYNN, SOYSTER		
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 639 BRITANNIA REGENTS'S COURT, GEORGE TOWN, CAYMAN ISLANDS, 11001						
14. DECEDENT'S HISPANIC ORIGIN(S): NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S): WHITE		16. EVER IN ARMED FORCES NO		
				17. OCCUPATION FINANCIAL CONSULTANT		
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) DONALD, ST. CLAIR, WILE			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARGUERITE, EDITH, TURNER			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) RAZIEL, ASGARD, CUSTODIO				21. RELATIONSHIP PRIMARY PHYSICIAN		
22. INFORMANT'S MAILING ADDRESS 1 JEFFERSON PARKWAY #98, LAKE OSWEGO, OR, 97035						
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON WHITNEY & MURPHY FUNERAL HOME 4800 E INDIAN SCHOOL ROAD, PHOENIX, AZ, 85018			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON ALBERT, ASTA		25. LICENSE NUMBER FDL-000685	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY DECA CREMATION SERVICES, INC., PHOENIX, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I						
29. A. IMMEDIATE CAUSE OF DEATH COMPLICATIONS OF BLUNT FORCE HEAD INJURY				30. APPROXIMATE INTERVAL		
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL		
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL		
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL		
CAUSE OF DEATH PART II						
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND ACUTE MYELOID LEUKEMIA			38. INJURY? YES	39. INJURY AT WORK? NO	40. MANNER OF DEATH ACCIDENT	
			41. TIME OF DEATH 15:20	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION						
ON THE BASIS OF EXAMINATION OR INVESTIGATION, AS APPLICABLE, THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.			44. NAME OF PERSON COMPLETING CAUSE OF DEATH: CHERYL, LUCHSINGER		45. DATE CERTIFIED 12/27/2020	
46. CERTIFIER'S ADDRESS 701 W JEFFERSON STREET, PHOENIX, AZ, 85007						

Date Registered: 12/28/2020

Date Issued: 01/08/2021

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn

**KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR**



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

J2596886

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE