



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

Cause No. P of 2021

In the Estate of Frederick William Clarke Jr., Deceased

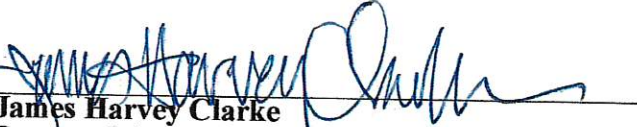
APPLICATION FOR SPECIAL LEAVE
(Succession Act (2021 Revision), Sections 3(7), 4 and 42)

I, **James Harvey Clarke** of 101 Cotswold Lane, Fairhope, Alabama 36532, USA, **HEREBY APPLY** to this Honourable Court for Special Leave to apply for Letters of Administration (with the Will Annexed) in the Estate of the late **Frederick William Clarke Jr.** (also known as **Frederick W. Clarke Jr.**) formerly of Birmingham, Alabama, USA, who died on the 4th day of December 2012 leaving a Will dated 21st September 1984 which has not been probated by any of the Executors named in his said Will.

With the consent of all three children of the deceased who survived him and who have agreed for me to serve as the sole Administrator of their father's Estate, I also **HEREBY APPLY** for Directions and/or Special Leave to dispense with probate of the Will (also dated 21st September 1984 and which has also not been probated by any of the Executors named in that said Will) of their mother, **Nelda Alexander Clarke** (also known as **Nelda Jean Clarke**), who died on the 24th day of April 2016, being entitled (as the surviving widow of the said **Frederick William Clarke Jr.**) to Cayman Islands real estate under her deceased husband's said Will.

I attach hereto my Affidavit (as well as the Joint Affidavit of the deceased's surviving children) in support of my application for Special Leave and a copy of the Death Certificates and of the respective Wills of the deceased and of his said widow for the consideration of this Honourable Court.

Dated this 8th day of June 2021.


James Harvey Clarke
Proposed Applicant for Letters of Administration
(with the Will Annexed)

Filed by Orren Merren & Company, Attorneys-at-Law, P.O. Box 481, Grand Cayman KY1-1106, Cayman Islands, Attorneys-at-Law instructed for and on behalf of the Applicant herein whose address for service is that of his said Attorneys-at-Law.

Not Valid Without Attached Page

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

12-43540

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

County File Number

State File Number 101

137020
300
037020
49409

1. DECEASED - NAME First Middle Last (Type in name all capitals) FREDERICK WILLIAM CLARKE, JR.			2. DATE OF DEATH (Month, Day, Year) DECEMBER 4, 2012		3. COUNTY OF DEATH JEFFERSON	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE BIRMINGHAM 35210			5. INSIDE CITY LIMITS (Specify Yes or No) YES		6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - (If not in entries, give street and number) ST. MARTIN IN THE PINES	
7. IF HOSPITAL (Specify inpatient, ER or Outpatient, DCA)			8. OF HISPANIC ORIGIN (Specify Yes or No; If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) NO		9. RACE - (Specify American Indian, Black, White, etc.) WHITE	
11. AGE 89 yrs. MOS. DAYS. HOURS. MINS.			12. DATE OF BIRTH (Month, Day, Year) FEBRUARY 27, 1923		14. DECEASED'S SOCIAL SECURITY NUMBER 424-16-8150	
13. EDUCATION (Specify ONLY if highest grade completed; Informal, Elementary or High School (9-12), College (1-4 or 5-1)) 4			15. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) MARRIED		17. SURVIVING SPOUSE (If wife, give maiden name) NELDA ALEXANDER	
19. STATE OF BIRTH (If not in USA, name country) ALABAMA			20. RESIDENCE - STATE ALABAMA		21. COUNTY JEFFERSON	
23. INSIDE CITY LIMITS (Specify Yes or No) YES			24. STREET AND NUMBER 4949 MONTEVALLO RD. APT. 124		22. CITY, TOWN, OR LOCATION AND ZIP CODE BIRMINGHAM 35210	
25. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) ASST. VICE PRESIDENT			26. INFORMANT - Name and Address JEAN CARTER 6005 KELLY CREEK CIRCLE MOODY AL 35004		18. Was Decedent ever in Armed Forces (Specify Yes or No) YES	
28. FATHER - NAME First Middle Last FREDERICK WILLIAM CLARKE, SR.			29. MOTHER - NAME First Middle Last HELEN SCOTT		27. KIND OF BUSINESS OR INDUSTRY FIRST ALABAMA BANK	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hanging, Donation, Other) BURIAL			31. DATE OF DISPOSITION (Month, Day, Year) DEC. 8, 2012		32. CEMETERY OR CREMATORY - Name PINE CREST CEMETERY	
34. FUNERAL HOME - Name and Address P. O. BOX 7245 MOBILE ALABAMA 36670			35. FUNERAL DIRECTOR - Signature <i>Keith Schmitt</i>		33. LOCATION - (City or Town - State) MOBILE ALABAMA	
37. Certifying Physician (Physician certifying cause of death) or Medical Examiner or Coroner (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the causes and manner stated) Signature: <i>Kumudharam</i>			38. DATE SIGNED (Month, Day, Year) 12-5-12		36. DATE SIGNED BY FUNERAL DIRECTOR DEC. 11, 2012	
39. TIME AND DATE OF DEATH 2:07 AM 12/4/2012			40. DATE AND TIME PRONOUNCED DEAD (For Coroners/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) Harold Simon MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) 4941 Montevallo Rd suite # 506 Birmingham, AL 35210			43. CERTIFIER LICENSE NUMBER 8352		45. DATE FILED (Month, Day, Year) DEC 17 2012	
44. REGISTRAR - Signature <i>Catherine McDonald</i>			46. For State or County use only			

SSN: 424-16-8150

NAME OF DECEASED - Clarke, Frederick

MEDICAL CERTIFICATION

47. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. stroke		
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
48. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		50. AUTOPSY (Specify Yes or No)
53. DATE OF INJURY (Month, Day, Year)		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
54. HOUR OF INJURY		
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY - (Specify in home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

DEC 17 2012

ALABAMA

Center for Health Statistics

Amendment No. **038504**

ALABAMA AMENDMENT TO RECORD OF DEATH

This amendment corrects the record identified below.

INFORMATION FROM ORIGINAL RECORD:

Certificate No. **2012-43540**

Name **Frederick W. CLARKE Jr**

Date of Death **December 4, 2012**

County of Death **Jefferson**

File Date **December 17, 2012**

ITEM# ITEM DESCRIPTION

CORRECT INFORMATION

25 Informant-Name and Address

Jean Cater, 6005 Kelly Creek Circle, Moody, Alabama 35004

EVIDENCE SUPPORTING CORRECTION:

A request from Heather Watts at Radney Funeral Home to correct a funeral home error.

PERSON REQUESTING CORRECTION:

Name **HEATHER WATTS**

Relationship **FUNERAL HOME REP.**

Address **PO BOX 7245**

City, State, Zip **MOBILE, AL 36670**

I certify the foregoing amendment is hereby made a part of the record concerned without determination of its probative value. Done this **23rd** day of **January**, **2013**.

By **Kimberly Smith**
Recording Clerk

ADPH-F-HS 38/Rev. 4-08

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-119-444-5

January 23, 2013

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

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ALABAMA

Center for Health Statistics

ALABAMA CERTIFICATE OF DEATH

State File Number **101 2016-16812**

1. DECEASED LEGAL NAME Nelda Jean Clarke			2. DATE AND TIME OF DEATH Apr 24, 2016 0430		
3. ALIAS NAME (IF ANY) None Given			4. DATE AND TIME PRONOUNCED DEAD		
5. COUNTY OF DEATH Jefferson		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35210		7. PLACE OF DEATH St. Martins in the Pines	
8. SEX Female		9. LAST NAME PRIOR TO FIRST MARRIAGE Alexander		10. SERVED IN ARMED FORCES No	
11. AGE 92	UNDER 1 YEAR MONTHS	DAYS	UNDER 1 DAY HRS	MINS	12. DATE OF BIRTH Feb 18, 1924
13. BIRTHPLACE (State or Foreign Country) Mississippi			14. SOCIAL SECURITY NUMBER 421-26-2202		
15. MARITAL STATUS Widowed		16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE		17. RESIDENCE STATE Alabama	
18. RESIDENCE COUNTY Jefferson		19. CITY, TOWN OR LOCATION AND ZIP CODE Birmingham, 35210		20. STREET ADDRESS 4943 Montevallo Road	
21. INFORMANT NAME, RELATIONSHIP AND ADDRESS Jean Cater, Daughter, 6005 Kelly Creek Circle, Moody, AL 35004					
22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE Thaddeus Flournoy Alexander			23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE Elizabeth Polk		
24. DISPOSITION OF BODY Burial		25. CEMETERY OR CREMATORY Pine Crest Cemetery		26. LOCATION Mobile, Alabama	
27. DATE OF DISPOSITION Apr 29, 2016		28. FUNERAL DIRECTOR Gary Connick		29. LICENSE NUMBER	
31. FUNERAL HOME NAME AND ADDRESS Pine Crest Funeral Home, 1939 Dauphin Island Pkwy, Mobile, AL 36605				30. DATE SIGNED May 10, 2016	
32. LICENSE NUMBER					
MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER					
34. NAME Harold E Simon MD			35. LICENSE NUMBER 8352		36. DATE SIGNED Apr 25, 2016
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 4941 Montevallo Road, Birmingham, Alabama 35210					
38. REGISTRAR Catherine Molchan Donald				39. DATE FILED May 10, 2016	

CAUSE OF DEATH					
40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH					INTERVAL
IMMEDIATE CAUSE UNDERLYING CAUSE	A. Cerebral infarction DUE TO (OR AS A CONSEQUENCE OF):				Unknown
	B. _____ DUE TO (OR AS A CONSEQUENCE OF):				
	C. _____ DUE TO (OR AS A CONSEQUENCE OF):				
	D. _____ DUE TO (OR AS A CONSEQUENCE OF):				
41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH					
42. MANNER OF DEATH Natural Causes		43. PREGNANT (IF FEMALE)	44. AUTOPSY No	45. FINDINGS CONSIDERED	46. TOXICOLOGY No
					47. FINDINGS CONSIDERED
					48. TOBACCO USE CONTRIBUTED TO DEATH Unknown
49. HOW INJURY OCCURRED					
50. DATE AND TIME OF INJURY			51. INJURY AT WORK		52. IF TRANSPORTATION INJURY, SPECIFY
53. PLACE OF INJURY			54. LOCATION OF INJURY		

ADPH HS E2/REV 01-16

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2016-251-769-8

May 10, 2016

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT