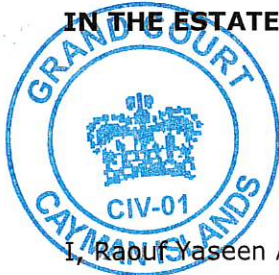


**IN THE GRAND COURT OF THE CAYMAN ISLANDS
PROBATE AND ADMINISTRATION**



Cause No. 119 of 2019

IN THE ESTATE OF RAMOUTEE CHATTOOR, DECEASED



APPLICATION FOR GRANT OF PROBATE OF A WILL



I, Raouf Yaseen Ali of 51 Carlton Circular Drive, West Park, Cocoyea, San Fernando, Trinidad and Tobago being the executor named in the last will of the late Ramoutee Chattoor formerly of 74 Mitchell Drive, Bluff, Cayman Brac, Cayman Islands, surviving the deceased, being over the age of eighteen years and not having renounced probate, which said will was made at 74 Mitchell Drive, Bluff, Cayman Brac, Cayman Islands on 29th June 2018 and the said will, at the time of the death of the deceased, having been in my custody at 51 Carlton Circular Drive, West Park, Cocoyea, San Fernando, Trinidad and Tobago, 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 the 31st day of October 2019

Raouf Yaseen Ali

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Jul 31, 2019 09:32 AM

CERTIFICATE OF DEATH Certificate No. 156-19-031210

1. DECEDENT'S LEGAL NAME RAMOUTEE CHATTOOR
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH <small>(To be filled in by the Physician)</small>	2a. New York City Place Of Death	2b. Borough <u>Manhattan</u>	2c. Type of Place <input checked="" type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Emergency Dept./Outpatient <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) <u>Memorial Sloan-Kettering Cancer Center</u>
	Date and Time of Death	3a. (Month) <u>July</u> (Day) <u>31</u> (Year-yyyy) <u>2019</u>	3b. Time <u>5:47</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Sex <u>Female</u>	5. Date last attended by a Physician mm dd yyyy <u>07 31 2019</u>	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.						
Name of Physician <u>DEBORAH SMITH</u> <small>(Type or Print)</small>			Signature <u>Deborah Smith</u> <small>Signature Electronically Authenticated</small>		D.O. M.D. Date <u>JUL-31-2019</u>	
Address <u>1275 York Ave New York, NY 10065</u>			License No. <u>288495</u>			
7a. Usual Residence State <u>New Jersey</u>		7b. County <u>Warren</u>	7c. City or Town <u>Columbia</u>	7d. Street and Number <u>21 Pine Tree Ln</u>	Apt. No. _____	ZIP Code <u>07832</u>
8. Date of Birth (Month) (Day) (Year-yyyy) <u>March 25 1958</u>		9. Age at last birthday (years) <u>61</u>		10. Social Security No. <u>773-36-2940</u>		7e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") <u>Teacher</u>			11b. Kind of business or industry <u>Education</u>		12. Aliases or AKAs <u>*** **</u>	
13. Birthplace (City & State or Foreign Country) <u>Trinidad and Tobago</u>		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)				
15. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other, Specify _____		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last) <u>*** **</u>		
18. Father's Name (First, Middle, Last) <u>Ramkisson Chattoor</u>			19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <u>Jagdaye Panchoo</u>			
20a. Informant's Name <u>Deomattee Harrysingh</u>		20b. Relationship to Decedent <u>Sister</u>		20c. Address (Street and Number) Apt. No. City & State ZIP Code <u>21 Pine Tree Ln Columbia, NJ 07832</u>		
21a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> City Cemetery <input type="checkbox"/> Other Specify _____				21b. Place of Disposition (Name of cemetery, crematory, other place) <u>Woodland Cemetery</u>		
21c. Location of Disposition (City & State or Foreign Country) <u>Penal/Debe, La Fortune, Trinidad</u>				21d. Date of Disposition mm dd yyyy <u>08 12 2019</u>		
22a. Funeral Establishment <u>Elcock Funeral Home, Inc.</u>				22b. Address (Street and Number) City & State ZIP Code <u>13002 Liberty Ave South Richmond Hill, NY 11419</u>		

Changes approved for filling by the Commissioner of Health. Formerly: SSN - Blank; approved by Deputy City Registrar J. Hicks on Aug-01-2019; No further entry beyond this point.***

EVT201908368017

Gretchen Van Wye
Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

August 5, 2019

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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VR 15 (Rev. 01/09)

