



IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO. OF 2021

PROBATE AND ADMINISTRATION APPLICATION NO. OF 2021

IN THE MATTER OF: SECTION 23 OF THE SUCCESSION LAW (AS REVISED)

AND: IN THE ESTATE OF AVERY LOU BROWN (DECEASED)

APPLICATION TO RESEAL
CERTIFICATE OF APPOINTMENT OF EXECUTOR

We, Campbells of 4th Floor, Willow House, Cricket Square, Grand Cayman, Cayman Islands, KY1-9010, do hereby make application for and on behalf of Marjorie Otter, being the Personal Representative of the late Avery Lou Brown (Deceased), formerly of 21 Cornelia Street, New York, NY 10014, USA for the resealing of the Certificate of Appointment of Executor given by the New York County Surrogate's Court of the State of New York. We annex herewith affidavit in that behalf.

Within six (6) months of the resealing of the said Certificate, a true inventory of said estate will be prepared, exhibited and filed in the Probate Registry; and

Within one (1) year of such resealing of said Letters, the estate will be administered and a general accounting for the whole assets of the said estate will be filed in the Probate Registry.

Dated this 29th day of April 2021

SIGNED, SEALED and DELIVERED

by the within named

Lily W. Lee for and on behalf of **CAMPBELLS**

In the presence of:

NOTARY PUBLIC

This Application for Resealing of Letters Testamentary as filed by CAMPBELLS, Attorneys-at-Law for the applicant herein, whose address for service in 4th Floor, Willow House, George Town, Grand Cayman, Cayman Islands, KY1-9010 (LW Lee/18216-31974)

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 CERTIFICATE OF DEATH Certificate No. 156-20-009162

DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
February 29, 2020 04:17 PM

1. DECEDENT'S LEGAL NAME **AVERY Lou BROWN**
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place Of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)			
		2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	21 Cornelia Street			
	Date and Time of Death	3a. (Month) (Day) (Year-yyyy)	3b. Time	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex	5. Date last attended by a Physician			
		February 23 2020	1:44		Female	mm dd yyyy	12 19 2019		
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	Natan Schleider			Signature	<i>[Signature]</i>			D.O. M.D.
	Address	35 East 35 Street NY 10016			License No.	236622			Date 02/29/2020
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code	7e. Inside City Limits?		
	New York	New York	New York	21 Cornelia Street		10014	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		
	8. Date of Birth (Month) (Day) (Year-yyyy)	9. Age at last birthday (years)	10. Social Security No.						
	MARCH 11 1953	66	141-50-4384						
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")	11b. Kind of business or industry	12. Aliases or AKAs						
	Administrator	Potnam Realty	Robin ANN ZaGer						
	13. Birthplace (City & State or Foreign Country)	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)							
	New Jersey	<input type="checkbox"/> 8th grade or less; none <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, 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?	16. Marital/Partnership Status at time of death			17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last)				
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown							
	18. Father's Name (First, Middle, Last)	19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)							
	Daniel ZaGer	Florence SieGel							
	20a. Informant's Name	20b. Relationship to Decedent	20c. Address (Street and Number) Apt. No. City & State ZIP Code						
	Eric L. ZaGer	Brother	77 Righters Mill Road Nanberth, PA 19072						
	21a. Method of Disposition	21b. Place of Disposition (Name of cemetery, crematory, other place)							
	<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> City Cemetery	Freedhold Hebrew Benefit Society Cemetery							
	21c. Location of Disposition (City & State or Foreign Country)	21d. Date of Disposition							
	Freedhold, New Jersey	mm dd yyyy			03 01 2020				
	22a. Funeral Establishment	22b. Address (Street and Number) City & State ZIP Code							
	Paccione Funeral Services	530 Narrows Rd S Staten Island NY 10304							

EVT202002108734

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

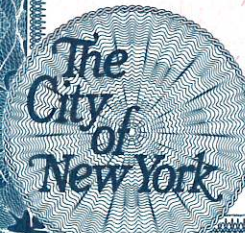
February 29, 2020

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

VR 15 (Rev. 12/09)

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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Certificate# 311753

**Surrogate's Court of the State of New York
New York County**

File#: 2020-1572/A

Certificate of Appointment of Executor

To all to whom these presents shall come or may concern,

That we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on October 21, 2020 by said court, PRELIMINARY LETTERS TESTAMENTARY on the goods, chattels and credits of Avery Lou Brown, deceased, late of the County of New York were granted unto the fiduciaries listed below.

Name of Decedent: **Avery Lou Brown**
aka Avery Brown
Robin Ann Zager
Robin Zager

Date of Death: February 23, 2020

Domicile: County of New York

Fiduciary Appointed: **Marjorie Otter**

Letters Issued: PRELIMINARY LETTERS TESTAMENTARY

Letters Issued On: October 21, 2020

and such Letters are unrevoked and in full force as of this date.

Dated: October 23, 2020
New York, New York

IN TESTIMONY WHEREOF, the seal of the New York County Surrogate's Court has been affixed.

WITNESS, Honorable Rita Mella, Judge of the New York County Surrogate's Court.



**Diana Sanabria, Chief Clerk
New York County Surrogate's Court**

This Certificate is Not Valid Without the Raised Seal of the New York County Surrogate's Court and expires six months from the issue date of this certificate.