

IN THE GRAND COURT OF THE CAYMAN ISLANDS
PROBATE AND ADMINISTRATION



PROBATE AND ADMINISTRATION NO. P 83 OF 2021

CAUSE NO. P 83 OF 2021

IN THE ESTATE OF KENNETH NORMAN CHISHOLM, DECEASED

**APPLICATION FOR LETTERS OF ADMINISTRATION DE BONIS NON
WITH THE WILL ANNEXED**

I, Elizabeth Wood of P.O. Box 1998, Grand Cayman KY1-1104 hereby apply for a grant of Letters of Administration De Bonis with the Will annexed of the estate of Kenneth Norman Chisholm late of North Side, Grand Cayman who died testate on or about the 31st day of December 1982 and to whose estate on the 4th day of July 1985 Grant of Probate of all the estate which by law devolves on and vests in the personal representatives of the said deceased was committed and granted to Bernard E. Chisholm and Davis A. Chisholm by the Grand Court of the Cayman Islands which grant now remains on record, who after intervening in the estate and effects, died on or about the 28th day of November 2013 and 10th day of July 2018 respectively, leaving part of the estate unadministered.

BOND


AND I, Elizabeth Wood declare myself and successors to be bound unto the Financial Secretary of the Cayman Islands in the sum of CI\$ 1,820,000:00 (one million eight hundred and twenty thousand).

Dated this 10th day of May 2021

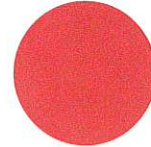
The condition of this obligation is that the above named person do, when lawfully called upon in that behalf, make or cause to be made a true and perfect inventory of the said estate and do exhibit the same in the Probate Registry whenever lawfully


called upon so to do and do well and truly administer the said estate according to law and the tenor of the will and do make or cause to be made a just account and distribution account thereof whenever lawfully so required, then this obligation shall be void and of no effect, but shall otherwise remain in full force and effect.

Signed Sealed and Delivered
by this said **Elizabeth Wood**
in the presence of:



Elizabeth Wood






**JUSTICE OF THE PEACE/
NOTARY PUBLIC**

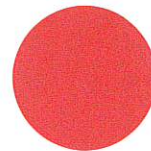
BOND OF SURETY

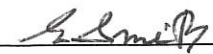
I, *Burnadette Boddan* of *Box 11461 KY1-1009* declare myself to be bound unto the Financial Secretary of the Cayman Islands in the sum of CI\$ 1,820,000:00 (one million eight hundred and twenty thousand) payment therefore to be enforced against me by due process of law if the Applicant herein fails to comply with the conditions set out in the bond above.



Burnadette Boddan

Signed Sealed and Delivered
by this said *Burnadette Boddan*
In the presence of:





**JUSTICE OF THE PEACE/
NOTARY PUBLIC**

This Application is filed by A. Steve McField & Associates, Attorneys-at Law whose address is Suite D2, Cayman Business Park, George Town, PO Box 680, Grand Cayman KY1-1107.

CAYMAN ISLANDS

IN THE GRAND COURT

CAUSE NO. 418/83

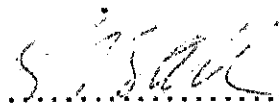
PROBATE & ADMINISTRATION NO. 77/83

IN THE ESTATE OF KENNETH NORMAN CHISHOLM, DECEASED

GRANT OF PROBATE

BE IT KNOWN that on the 4th day of July 1985 the last will and testament a true copy whereof is hereunto annexed of KENNETH NORMAN CHISHOLM late of North Side of the Island of Grand Cayman who died on or about the 31st day of December 1982 was proven and registered in the said court and that administration of all the estate which by law devolves on and vests in the personal representative of the said deceased was granted by the aforesaid court to BERNARD E. CHISHOLM AND DAVIS A. CHISHOLM the executors named in the will, they having been first sworn well and faithfully to administer the same, by paying the just debts of the deceased and the legacies contained in his will and to exhibit a true and perfect inventory of all and singular the said estate and effects, of the said deceased, and to render a just and true account thereof whenever required by law so to do.

Dated this 4th day of July 1985


.....
CLERK OF THE COURTS

CAYMAN ISLANDS,

ISLAND OF GRAND CAYMAN, S.S

THIS IS THE LAST WILL AND TESTAMENT of me KENNETH N. CHISHOLM of North Side, Grand Cayman, Cayman Islands.

1. I REVOKE all former Wills and Testamentary Dispositions made by me AND DECLARE this to be my Last Will and Testament.
2. I APPOINT my Son BERNARD E. CHISHOLM and my Grandson DAVIS ALTON CHISHOLM AS Executors of this my WILL.
3. I DIRECT my Executors to pay my just debts, Funeral and Testamentary Expenses.
4. I GIVE DEVISE AND BEQUEATH all my Estate both Real and Personal wheresoever situate of whatsoever nature and extent the same may consist and whether in possession, reversion remainder contingency or expectancy to my Beloved Wife AMY ELVINA CHISHOLM as to realty in fee simple and as to the personalty absolutely, provided that my said Wife should survive me for a period of thirth (30) days.
5. IN THE EVENT of my said Wife not surviving me for a period of thirty (30) days then and in such event I give devise and bequeath all of my Estate both real and personal wheresoever situate of whatsoever nature and extent the same may consist and whether in possession reversion, remainder contingency or expectancy to my Lawful Children Namely:- IRIS KIRKWOOD, FLORENCE WATLER, ALTONA EBANKS, MAJORIE JACKSON, BERNARD CHISHOLM, DAVIS CHISHOLM, and ELIZABETH WOOD. As to the Realty as Tenants in Common in fee simple as to Personalty absolutely in equal Shares.

IN WITNESS WHEREOF I have hereunto set my hand to this my Last Will and Testament this ~~21st~~ day of ~~December~~ One Thousand Nine Hundred and Seventy Nine.

This is a copy of the Will of Kenneth Norman
Chisholm referred to in my application for a
Grant of letters of Administration De Bonis Nris with
the Will Annexed

Elizabeth Wood
Elizabeth Wood

Sworn to before me
at George Town,
Grand Cayman on
the 10th day of May 2021

E. Smith
~~Justice of the Peace~~ Notary Public.

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (Before Marriage) 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) **JULY 10, 2018**

3. SEX **MALE** 4. DATE OF BIRTH: (mm-dd-yyyy) (Years) 5. AGE-Last Birthday (Years) **77** IF UNDER 1 YR Mo Days IF UNDER 1 DAY Hours Min 6. BIRTHPLACE (City & State or Foreign Country) **CAYMAN ISLANDS**

7. SOCIAL SECURITY NUMBER **456-94-9495** 8. MARITAL STATUS AT TIME OF DEATH Widowed Divorced Never Married Married Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) **ALICE HINOJOSA**

10a. RESIDENCE STREET ADDRESS **615 WOODVIEW DR.** 10b. APT. NO. 10c. CITY OR TOWN **FRIENDSWOOD**

10d. COUNTY **GALVESTON** 10e. STATE **TEXAS** 10f. ZIP CODE **77546** 10g. INSIDE CITY LIMITS? Yes No

11. FATHER'S NAME PRIOR TO FIRST MARRIAGE **UNKNOWN** 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE **FLORENCE LOUISE CHISHOLM**

13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice Facility Nursing Home Decedent's Home Other (Specify) _____

14. COUNTY OF DEATH **GALVESTON** 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) **FRIENDSWOOD, 77546** 16. FACILITY NAME (if not institution, give street address) **615 WOODVIEW DR.**

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED **ALICE CHISHOLM - WIFE** 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) **615 WOODVIEW DR., FRIENDSWOOD, TX 77546**

19. METHOD OF DISPOSITION Burial CREMATION Donation Entombment Removal from state Other (Specify) _____ 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: **MARK O CROWDER, BY ELECTRONIC SIGNATURE - 11384** 21. Section Unknown Block Lot Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) **CHISHOLM CEMETERY** 23. LOCATION (City/Town, and State) **NORTH SIDE CAYMAN ISLAND, CJ**

24. NAME OF FUNERAL FACILITY **CROWDER FUNERAL HOME-PEARLAND** 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) **2422 BROADWAY, PEARLAND, TX 77581**

26. CERTIFIER (Check only one) Certifying physician to the best of my knowledge, death occurred due to the cause(s) and manner stated. Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER **SHIVA SATISH, BY ELECTRONIC SIGNATURE** 28. DATE CERTIFIED (mm-dd-yyyy) **JULY 12, 2018** 29. LICENSE NUMBER **J6232** 30. TIME OF DEATH (Actual or presumed): **11:38 PM**

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) **SHIVA SATISH 16605 SOUTHWEST FREEWAY SUITE 175, SUGARLAND, TX 77479** 32. TITLE OF CERTIFIER **MD**

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. END-STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE** Due to (or as a consequence of): **UNKNOWN**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST **b. CORONARY ARTERY DISEASE** Due to (or as a consequence of): **UNKNOWN**

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.

34. WAS AN AUTOPSY PERFORMED? Yes No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined

37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

38. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to one year before death Unknown if pregnant within the past year

39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify) _____

40a. DATE OF INJURY (mm-dd-yyyy) 40b. TIME OF INJURY 40c. INJURY AT WORK? Yes No 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City, State, Zip Code) 40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO. **02-1301** 42b. DATE RECEIVED BY LOCAL REGISTRAR **JULY 13, 2018** 42c. REGISTRAR **REGISTRAR - GALVESTON COUNTY HEALTH DISTRICT, ELECTRONICALLY FILED**

EDR NUMBER 00002342610

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.1989)

VS-112 REV 1/2006



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

JUL 13 2018

Alma Cazares Garcia Local Registrar



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013162551

DATE ISSUED: December 4, 2013

DECEDENT INFORMATION

STATE FILE DATE: December 4, 2013

NAME: BERNARD EDWIN CHISHOLM

DATE OF DEATH: November 28, 2013

SEX: MALE

SSN: 433-72-5633

AGE: 075 YEARS

DATE OF BIRTH: November 13, 1938

BIRTHPLACE: NORTH SIDE, GRAND CAYMAN, CAYMAN ISLANDS

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: BAPTIST MEDICAL CENTER BEACHES

LOCATION OF DEATH: JACKSONVILLE BEACH, DUVAL COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): DOROTHY CATHERINE THOMPSON

RESIDENCE: 7524 SCARLET IBIS LANE, JACKSONVILLE, FLORIDA 32256, UNITED STATES COUNTY: DUVAL

OCCUPATION, INDUSTRY: CHIEF ENGINEER, MERCHANT MARINE

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean
 American Indian or Alaskan Native - Tribe Vietnamese Other Asian:
 Guamanian or Chamorro Samoan Other Pacific Is. Other Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: KENNETH NORMAN CHISHOLM

MOTHER: AMY ELVINA PASCAL

INFORMANT: CATHERINE T CHISHOLM

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 7524 SCARLET IBIS LANE, JACKSONVILLE, FLORIDA 32256, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: CHISHOLM CEMETERY

NORTH SIDE, GRAND CAYMAN, CAYMAN ISLANDS

METHOD OF DISPOSITION: REMOVAL FROM STATE

FUNERAL DIRECTOR/LICENSE NUMBER: GEORGE H. HEWELL II, F043541

FUNERAL FACILITY: GEORGE H HEWELL & SON FUNERAL HOME-UNIVERSITY BLVD F040211
4140 UNIVERSITY BLVD SOUTH, JACKSONVILLE, FLORIDA 32216

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0929

CERTIFIER'S NAME: SHAWN CHOPRA

CERTIFIER'S LICENSE NUMBER: ME109109

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval - Onset to Death:

a. MULTI-ORGAN SYSTEM FAILURE

NOT STATED

b. ANOXIC BRAIN INJURY

NOT STATED

c. ACUTE RESPIRATORY FAILURE

NOT STATED

d. CARDIAC ARREST

NOT STATED

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY: November 19, 2013

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY: Dermatochalasis, bilateral ptosis of eyelids

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR?

NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED