



ANDS

Probate and Administration Rules (2001 Revision)

IN THE GRAND COURT

Cause No.

Probate and Administration Application No.

In the Estate of Sharena Angelie Sallissa Conolly deceased

**APPLICATION FOR LETTERS OF ADMINISTRATION**

**Succession Law**

section 3(7)

**(1995 Revision)**

I, Lyngard Ebanks

Of 61 Starapple Road, Lower Valley, Grand Cayman, Cayman Islands

hereby apply for a grant of letters of administration of the estate of the late Sharena Angelie Salliss Conolly who died at George Town Hospital, Grand Cayman intestate

And I annex hereto my affidavit(s) in support of my application and the certificate of death of the late Sharena Angelie Sallissa Conolly

**BOND**

And I declare myself (and my successors) to be jointly and severally bound unto the Financial Secretary of the Islands in the sum of \$ 800,000.00

Dated this 21 day of February, 2022, and sealed with my seal(s).

The condition of this obligation is that if the above named 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 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-

LYNGARD EBANKS

Justice of the Peace/Notary Public

### CAYMAN ISLANDS DEATH REGISTRATION FORM

DEATH IN THE DISTRICT OF: **George Town** No.: **2021GTO1910145**

Place of Death: <b>George Town Hospital</b>	Usual Residence of Deceased: <b>87 Starapple Road, Bodden Town, Grand Cayman, Cayman Islands</b>
Date of Death: <b>12 September 2021</b>	<b>Cause of Death</b>  I (a) Type 2 Respiratory Failure (b) due to Pneumonia (c) due to Interstitial Lung Disease  II (Contributory) ---
Full Name: <b>Sharena Angelle Sallissa Conolly</b>	
Sex: <b>Female</b> Condition: <b>Widowed</b>	
Age: <b>81 Years</b> 7 Months      6 Days	
Occupation or Calling: <b>House Wife</b> Birthplace: <b>Cayman Islands</b>	
Certified by: <b>Dr. Candise Price</b> Qualification: <b>Internist</b>	

Name: <b>Marjane Ebanks-Fellows</b>	Informant Residence: <b>P.O. Box 10987 KY1-1007, Grand Cayman, Cayman Islands</b>
Relationship to Deceased: <b>Grand Niece</b>	



*Registrar's Certificate*

Signed in my presence by the said informant **Marjane Ebanks-Fellows** (or)

Entered by me from the particulars of a certificate received from (Witness) **Dr. Candise Price**

Date **01 October 2021**

Signed **Ruby R. Douglas**  
REGISTRAR