



**THE GRAND COURT OF THE CAYMAN ISLANDS  
PROBATE & ADMINISTRATION**

**CAUSE NO. OF 2022  
PROBATE & ADMINISTRATION NO. OF 2022**

**IN THE ESTATE OF BETTYSUE VIOLA JACKSON, A.K.A. BETTY SUE VIOLA  
JACKSON, A.K.A. BETTY SUE JACKSON, A.K.A. BETTY S. JACKSON, DECEASED  
AND IN THE MATTER OF SECTION 4 OF THE SUCCESSION LAW (2004 REVISION)**

**APPLICATION FOR SPECIAL LEAVE FOR THE GRANT OF LETTERS OF  
ADMINISTRATION**

We, **Sheena Lynette Jackson**, of P.O. Box 1955, Grand Cayman KY1-1505, Cayman Islands and **Susan Anette Walton** of P.O. Box 210, Grand Cayman KY1-1501, Cayman Islands hereby apply for a Grant of Special Leave to obtain a Grant of Letters of Administration of the estate of the late **BETTYSUE VIOLA JACKSON, A.K.A. BETTY SUE VIOLA JACKSON, A.K.A. BETTY SUE JACKSON, A.K.A. BETTY S. JACKSON** who died at George Town Hospital, Grand Cayman on the 1<sup>st</sup> day of December 2021, intestate.

We annex hereto our Affidavit in Support of our application which includes the Certificate of Death of the late **BETTYSUE VIOLA JACKSON, A.K.A. BETTY SUE VIOLA JACKSON, A.K.A. BETTY SUE JACKSON, A.K.A. BETTY S. JACKSON**.

This Application is filed by Waide DaCosta, Attorney-at-Law, Unit #1, Eucalyptus Building, Shedden Road, George Town, P.O. Box 591, Grand Cayman KY1-1502, CAYMAN ISLANDS.

This Application made on the 17<sup>th</sup> day of June, 2022.



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**Sheena Lynette Jackson**



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**Susan Anette Walton**

This Application is filed by Waide DaCosta, Attorney-at-Law, Unit #1, Eucalyptus Building, Shedden Road, George Town, P.O. Box 591, Grand Cayman KY1-1502, CAYMAN ISLANDS.

### CAYMAN ISLANDS DEATH REGISTRATION FORM

No.: 2021GT02490186

DEATH IN THE DISTRICT OF: **George Town**

Place of Death: <b>George Town Hospital, Grand Cayman</b>	Usual Residence of Deceased: <b>84 Caskewell Drive, Savannah, Bodden Town, Grand Cayman, Cayman Islands</b>
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*Particulars of Deceased*

Date of Death: **01 December 2021**

Full Name: **Bettysue Viola Jackson**

Sex: **Female** Condition: **Divorced**

Age: **69** Years **8** Months **3** Days

Occupation or Calling: **Civil Servant**

Birthplace: **Cayman Islands**

*Cause of Death*

I (a) **Cardiopulmonary arrest**

(b) due to **COVID-19 Infection**

(c) due to **Obesity**

II (Contributory) **---**

Certified by: **Dr. Kimone Fraser**

Qualification: **Pathologist**

*Informant*

Name: **Susan Walton** Residence: **P.O. Box 210, Grand Cayman KY1-1501, Cayman Islands**

Relationship to Deceased: **Daughter**

*Registrar's Certificate*

Signed in my presence by the said informant **Susan Walton**  
(or)

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

Date **15 December 2021**

Signed

**Dr. Kimone Fraser**

**Cindy B. McField-Diaz Garcia**  
REGISTRAR

