



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

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

**IN THE ESTATE OF VALIS MERETA RITCH A.K.A. VALDA SCOTT, A.K.A. VALDA
M. SCOTT, A.K.A. VALDA M. SCOTT-RITCH, 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**

I, **Rollin Louvain Ritch**, of P.O. Box 1851, Grand Cayman KY1-1110, Cayman Islands hereby apply for a Grant of Special Leave to obtain a Grant of Letters of Administration of the estate of the late **VALIS MERETA RITCH A.K.A. VALDA SCOTT, A.K.A. VALDA M. SCOTT, A.K.A. VALDA M. SCOTT-RITCH**, who died at George Town Hospital, Grand Cayman, Cayman Islands on the 19th day of March, 2007, intestate.

I annex hereto our Affidavit in Support of my application which includes the Certificate of Death of the late **VALIS MERETA RITCH A.K.A. VALDA SCOTT, A.K.A. VALDA M. SCOTT, A.K.A. VALDA M. SCOTT-RITCH**.

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 22 day of June, 2022.



Rollin Louvain Ritch

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.: 2007GT00300018

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

Place of Death: George Town Hospital	Usual Residence of Deceased: 8 Aunt Shannie Road, Northward, Grand Cayman, Cayman Islands
<i>Particulars of Deceased</i> Date of Death: 19 March 2007 Full Name: Valis Mereta Ritch Sex: Female Condition: Widowed Age: 69 Years 7 Months 24 Days Occupation or Calling: Housewife Birthplace: Cayman Islands	<i>Cause of Death</i> I (a) Hemopericardium with Cardiac Tamponade (b) due to Intimal Laceration, Ascending Aorta (c) due to Dissecting Aneurysm- Ascending, Arch, Thoracic Aorta II (Contributory) Severe Atherosclerosis, Left Anterior Descending Coronary Art. Certified by: Dr. John A. Heidingsfelder Qualification: Forensic Pathologist

Informant

Name: **Benecia Jackson** Residence: **P.O. Box 460, Grand Cayman KY1-1302, Cayman Islands**

Relationship to Deceased: **Daughter**

Registrar's Certificate

Signed in my presence by the said informant (or) **Benecia Jackson**

Entered by me from the particulars of a certificate received from (Witness)

Date **27 March 2007**

Signed **Dr. John A. Heidingsfelder**
 REGISTRAR

