



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

CAUSE NO. PA OF 2025

IN THE ESTATE OF AYLAI R ELESIE MUNROE, deceased

APPLICATION FOR THE GRANT OF PROBATE OF A WILL

I, **Janet Marie Sairsingh** of 209 Tropicana Crescent, Tropical Gardens, George Town, P.O. Box 31021, Grand Cayman KY1- 1205 being the Executor named in the Last Will and Testament of **Aylair Elesie Munroe**, late of 5 Poinsetta Lane, Tropical Gardens, Grand Cayman, Cayman Islands, surviving the deceased, being over the age of 18 years and not having renounced probate, which said Will was made in Grand Cayman, Cayman Islands on the 17th day of October, 2023 and the said Will, at the time of death of the deceased, having been found in the possession of her lawful Executor, Janet Sairsingh, which said Will, together with the Certificate of Death, is annexed hereto, hereby apply for a Grant of Probate of the said Will to me and I enclose herewith my Affidavit in that behalf and I undertake that in the event of such Grant being made to me I will:-

- (a) within six months of the Grant of Probate to me of the said Will prepare a true inventory of the said Estate and exhibit and file the same in the Probate Registry; and
- (b) within one year of such Grant to me will administer the said Estate according to the tenor of the Will and the directions, if any, of the Court and file in the Probate Registry a general accounting for the whole of the assets of the said Estate.

Dated this 7th day of April, 2025



JANET MARIE SAIRSINGH

This Application is filed by Stacy Thompson, Attorney-at-Law whose address is 2nd Floor, Zephyr House, 122 Mary Street, George Town, PO Box 12133APO, Grand Cayman KY1-1010.

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2025025190

DATE ISSUED: FEBRUARY 14, 2025

DECEDENT INFORMATION

DATE FILED: FEBRUARY 12, 2025

NAME: AYLAIR MUNROE

DATE OF DEATH: FEBRUARY 6, 2025

SEX: FEMALE **SSN:** 999-99-9999

AGE: 076 YEARS

DATE OF BIRTH: DECEMBER 23, 1949

BIRTHPLACE: GRAND CAYMAN, CAYMAN ISLANDS

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: CLEVELAND CLINIC AND HOSPITAL

LOCATION OF DEATH: WESTON, BROWARD COUNTY, 33331

RESIDENCE: 5 POINSETTIA LANE, GRAND CAYMAN, CAYMAN ISLANDS

OCCUPATION, INDUSTRY: BUSINESS OWNER, RETAIL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

EVER IN U.S. ARMED FORCES? NO

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

RACE: BLACK OR AFRICAN AMERICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: UNKNOWN UNKNOWN

MOTHER'S/PARENT'S NAME: DORIS DENT

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JANET SAIRSINGH

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 209 TROPICANA CRESCENT, GRAND CAYMAN, CAYMAN ISLANDS

FUNERAL DIRECTOR/LICENSE NUMBER: CARLA P. BETANGOURT, F143985

FUNERAL FACILITY: FRED HUNTER'S FUNERAL HOME - HOLLYWOOD F795355
6301 TAFT STREET, HOLLYWOOD, FLORIDA 33024

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: CHURCHILLS FUNERAL HOME
GRAND CAYMAN, CAYMAN ISLANDS

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1720

DATE CERTIFIED: FEBRUARY 11, 2025

CERTIFIER'S NAME: JUSTIN M DOLAN

CERTIFIER'S LICENSE NUMBER: ME122870

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH
a. SEPTIC SHOCK

b. METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BACTEREMIA

c. LACTIC ACIDOSIS

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:
HYPERTENSION, DIABETES MELLITUS TYPE 2, HYPERLIPIDEMIA, END STAGE RENAL DISEASE ON ISCHEMIC HEART DISEASE, PORTAL HYPERTENSION

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

Justin M Dolan

STATE REGISTRAR

REQ: 2027448418

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OH FORM 1947 (08/01/2022)

CERTIFICATION OF VITAL RECORD

