



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

PROBATE & ADMINISTRATION NO. P OF 2025

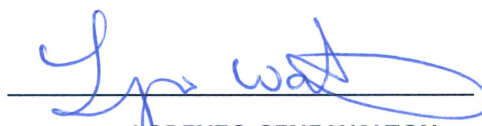
CAUSE NO P OF 2025

IN THE ESTATE OF GENE GEORGE WALTON, DECEASED

APPLICATION FOR SPECIAL LEAVE

I, **LORENZO GENE WALTON** of 19583 NW 61 AVENUE, MIAMI, FLORIDA 33015-4827, hereby apply for special leave to apply for a Grant of Letters of Administration in the estate of my Father **GENE GEORGE WALTON**, ALSO KNOWN AS EUGENE WALTON, late of 4871 NW 177 Street, Opa Locka, Dade County, Florida, USA and the Cayman Islands, who died on the 11 May 1979 intestate.

I annex hereto a copy of the Death Certificate of the deceased and my Affidavit in support of this application for Special Leave.


LORENZO GENE WALTON

BUREAU of VITAL STATISTICS

79-038212

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICSCERTIFICATE OF DEATH
FLORIDA

STATE FILE NO.

LOCAL FILE NO.

07074

DECEDENT—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (Mo., Day, Yr.)	
GENE GEORGE WALTON		2. MALE		MAY 11, 1979	
AGE—Last Birthday		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
4. Black		July 15, 1905		7a. Dade	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)		IF HOSP. OR INST. (Indicate DOA OP/Emer. Rm., Inpatient (Specify))	
7b. MIAMI		7c. VETERANS ADM. MED. CTR.		7d. INPATIENT	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Grand Cayman		9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
12. ***-**-5108		13a. Service Man		13b. U.S. Army	
RESIDENCE—STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER	
14. Florida		14a. Opa Locka		14b. 4871 N.W. 177th Street	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		ZIP	
15. Edwin Walton		16. (Unobtainable)			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE		ZIP	
17a. Joyce Walton		17b. 4871 N.W. 177th Street, Opa Locka, Florida			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
18a. Removal		18b. Barrancas National Cem.		18c. Pensacola, Florida	
FUNERAL DIRECTOR—(Signature)		FUNERAL HOME		Opa Locka, Florida	
19a. [Signature]		19b. Lithgow Funeral Centers, 17475 N.W. 27th Avenue,			
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21a. 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) stated.			
(Signature and Title) [Signature]		(Signature and Title) [Signature]			
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
20b. MAY 11, 1979		21b. [Signature]		21c. M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
20c. [Signature]		21d. ON		21e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
22. J. DIAZ M.D., VA ADM. MED. CTR. 1201 NW 16ST, MIAMI, FL 33125		23b. May 13, 1979			
REGISTRAR					
23a. (Signature) [Signature]					

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.

[Signature]

, State Registrar

Date Issued: February 18, 2021

REQ: 2022383552

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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PA2025-0211



DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

2025-11-11