



CAYMAN ISLANDS

IN THE GRAND COURT

PROBATE AND ADMINISTRATION APPLICATION NO.

CAUSE NO.

IN THE ESTATE OF **BONNIE ELY HIBBERT**, DECEASED

APPLICATION FOR GRANT OF PROBATE OF A WILL
[(Succession Law, Section 3 (7))]

I, **JAMES ELY HIBBERT** of 5941 Green Tree Road, Houston, Texas 77057, United States of America, being the Executor named in the Last Will of **BONNIE ELY HIBBERT**, late of 26 Silver Sands, Grand Cayman, Cayman Islands, and 6019 Stones Throw Road, Houston, Texas 77057, United States of America, surviving the deceased, being over the age of twenty one years and not having renounced probate, which said Will was made on the 4th day of November, 2021 and that the said Will was at the time of the death of the deceased in the possession and safe keeping of the deceased's attorneys, Collas Crill in the Cayman Islands, which said Will, together with a Certificate of Death, are annexed hereto, hereby apply for a Grant of Probate of the said Will thereto to me and I enclose my Affidavit in that behalf and I undertake that in the event of such grant being made to me, I will:-

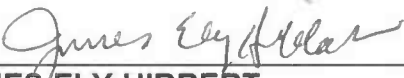
- 1) within six months of the grant to me of probate of the said Will, I will prepare a

true inventory of the said estate and exhibit and file the same in the Probate Registry,

and

- 2) within one year of such grant to me, I will administer the said estate according to the tenor of the Will and 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 JANUARY 2026



JAMES ELY HIBBERT

FILED BY Messrs. Collas Crill of Willow House – 2nd Floor, Cricket Square, P.O. Box 709, George Town, Grand Cayman KY1-1107, Cayman Islands, Attorneys-at-Law for the within named Applicant.

LAST WILL AND TESTAMENT

THIS IS THE LAST WILL AND TESTAMENT of me BONNIE ELY HIBBERT of No. 26 Silver Sands, Grand Cayman, Cayman Islands, British West Indies in so far as it relates to my Estate in the Cayman Islands, British West Indies.

1. I HEREBY REVOKE all former testamentary dispositions made by me only in so far as they relate to my estate in the Cayman Islands, and DECLARE that this my Cayman Will relates only to that portion of my estate that is or might be constituted in the Cayman Islands, British West Indies at the time of my death, AND FURTHER DECLARE that my Cayman Islands Will may not be revoked by a general declaration in any other testamentary instrument unless specific reference is made to either my Cayman Islands Will or my Cayman Islands assets.
2. (a) I APPOINT my son JAMES ELY HIBBERT to be the Executor and Trustee of this my Cayman Islands Will provided that should he fail to survive me my son TODD CLARKSON HIBBERT and my daughter HOLLIS LYNN HIBBERT are to be the Executors and Trustees of this my Cayman Islands Will. The expression "my Trustees" shall, where the context so admits, include my Trustees for the time being acting in the office of Executor and Trustee of this my Cayman Will.

(b) I DIRECT that no commission shall be paid to my executors or either of them for their services, the devises and bequests provided for herein being in lieu of such payments of commission.
3. (a) I GIVE DEVISE AND BEQUEATH my property registered at West Bay Beach South Registration Section, Block 5C, Parcel 191H26 to my three children James Ely Hibbert, Hollis Lynn Hibbert and Todd Clarkson Hibbert as tenants in common in equal shares absolutely.

(b) I EXPRESS the wish, which I know is not binding upon my children, that for so long as any one of them shall wish to retain this property in their ownership that they all do their best to so retain the property, so that my children and grandchildren shall continue to enjoy their time here as they have done up to now.

BZH
ABC
AV

4. ALL THE REST RESIDUE AND REMAINDER of my estate in the Cayman Islands I bequeath to my three children as tenants in common in equal shares absolutely.
5. IF ANY CHILD OF MINE shall die in my lifetime or after my death before attaining a vested interest leaving issue who attain the age of 18 years then such issue shall take by substitution and if more than one in equal shares *per stirpes* the share of the said property which such deceased child of mine would have taken if he or she had survived me and attained a vested interest but so that no issue shall take whose parent is alive and so capable of taking.
6. I DIRECT THAT any Executor or Trustee for the time being hereunder being an Attorney or Accountant or other person engaged in any profession or business shall be entitled to charge and be paid all usual professional and other charges for any service rendered or business done or time spent by him or his firm in connection with this Will or any Codicil hereto whether in the ordinary course of his profession or business or not and although not of a nature requiring the employment of an Attorney or Accountant or other professional or business person.

IN WITNESS WHEREOF I have hereunto set my hand this 4TH day of NOVEMBER 2021.

SIGNED by the said BONNIE ELY HIBBERT)
 in the presence of us both being present)
 at the same time who at her request and)
 in her presence and in the presence of)
 each other have hereunto subscribed our)
 names as witnesses)

Bonnie Ely Hibbert

BONNIE ELY HIBBERT

Anabely Canek
Anabely Canek
 Witness:

Address & Occupation: *29203 Kerryblue Haze Keeper*
Katy TX 77450

Amelia Vargas
Amelia Vargas
 Witness:

Address & Occupation: *19426 CRAIGHESTER LN BOOKKEEPER*
SPRING, TX 77388

This is the original Will of
BONNIE ELY HIBBERT referred to
in my Affidavit of Executor.

America Vargas
NOTARY PUBLIC

James Ely Hibbert
JAMES ELY HIBBERT

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

PA2026-0005

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DEPARTMENT OF STATE HEALTH SERVICES

VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Sep 15 2025

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-25-158775

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) BONNIE ELY HIBBERT		(Before Marriage) ELY		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) SEPTEMBER 10, 2025	
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) SEPTEMBER 9, 1928	5. AGE-Last Birthday (Years) 97	IF UNDER 1 YR Mo Days 0 0	IF UNDER 1 DAY Hours Min 0 0	6. BIRTHPLACE (City & State or Foreign Country) KANSAS
7. SOCIAL SECURITY NUMBER 440-26-6304		8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Widowed (but not remarried) ☒ Divorced (but not remarried) ☐ Never Married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 6019 STONES THROW RD			10b. APT. NO.	10c. CITY OR TOWN HOUSTON	
10d. COUNTY HARRIS		10e. STATE TEXAS		10f. ZIP CODE 77057	10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE JAMES ELY			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE NELLIE FERRIN		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)					
14. COUNTY OF DEATH HARRIS		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO) HOUSTON, 77057		16. FACILITY NAME (If not institution, give street address) 6019 STONES THROW RD	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED HOLLIS HIBBERT - DAUGHTER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 6307 B RODRIGO ST, HOUSTON, TX 77007		
19. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CASSIE VARGAS, BY ELECTRONIC SIGNATURE - 115580		21. ☒ Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) GULF COAST CREMATORY		23. LOCATION (City/Town, and State) HOUSTON, TX			
24. NAME OF FUNERAL FACILITY NEPTUNE SOCIETY-HOUSTON		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 13451 NORTHWEST FREEWAY SUITE 400-, HOUSTON, TX 77040			
26. CERTIFIER (Check only one) ☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Judge of the Peace - 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) and manner stated.		27. SIGNATURE OF CERTIFIER ANISHA WAXALI, BY ELECTRONIC SIGNATURE			
28. DATE CERTIFIED (mm-dd-yyyy) SEPTEMBER 13, 2025		29. LICENSE NUMBER K2133		30. TIME OF DEATH (Actual or presumed) 04:57 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) ANISHA WAXALI 4780 SWEET WATER BLVD-100, SUGAR LAND, TX 77479					32. TITLE OF CERTIFIER MD
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. VASCULAR DEMENTIA Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d.					Approximate Interval Onset to death MONTHS
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. CHRONIC KIDNEY DISEASE, STROKE, DEMENTIA, ANXIETY DISORDER					34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No					
36. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Previously ☐ Probably ☒ Unknown		38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		40a. DATE OF INJURY (mm-dd-yyyy)			
40b. TIME OF INJURY		40c. INJURY AT WORK? ☐ Yes ☒ No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)					
40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR <i>Tara Das</i>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193.188B)

VS-112 REV 12/2006

THIS IS A TRUE AND CORRECT COPY OF THE RECORD AS REGISTERED IN THE STATE OF TEXAS. ISSUED UNDER THE AUTHORITY OF SECTION 193.051, HEALTH AND SAFETY CODE.

ISSUED

Sep 16 2025

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS
STATE REGISTRAR

JON



PA2026-0005



2026-01-12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE