

FORM 2

**NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF
A GRANT**

Rule 33

IN THE SUPREME COURT OF TASMANIA

PROBATE REGISTRY

In the matter of the Estate of: DAVID ROLAND BODEN

Date of death: 18/10/2017

Last known residential address of deceased: 12 Ilfracombe Crescent Sandy Bay Tasmania 7005

***Address in Will:** 12 Ilfracombe Crescent Sandy Bay Tasmania 7005

***Date of Will:** 08/08/2016

***Executor named in Will:** ANGELIKA PETRA BODEN

Full name of applicant: ANGELIKA PETRA BODEN

Address of applicant: 12 Ilfracombe Crescent Sandy Bay Tasmania 7005

Relationship of applicant to deceased: Widow

***Australian legal practitioner acting for** Not applicable

Estate of: David Roland Boden
Applicant/Firm name: Angelika Petra Boden
Address: 12 Ilfracombe Crescent
Sandy Bay Tas 7005

DX: N/A
Tel: 0428253344
Email: celiaboden@gmail.com
Practitioner: N/A

applicant:

Address for service:

12 Ilfracombe Crescent Sandy Bay Tasmania 7005

TAKE NOTE:

After 14 days from the date of publication of this notice an application for a grant of:

*probate of the Will dated 08/08/2016;

in the aforementioned estate will be made to the Probate Registry of the Supreme Court of Tasmania.

NOTES:

Please insert details relevant to your application where blue text appears.

Text with a * next to it indicates that it is an option. You must select the applicable option/s and/or delete the *options which are not applicable

If a section of the form does not apply to your application please simply state “not applicable” next to the relevant section.

Guidance on completing this form is contained in [square brackets] and *italics*. Please delete the guidance which appears in square brackets and is italicized from your final draft.

Otherwise, please do not amend the format or content of this form.