

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:

[Anthony \(also know as Tony\) Robert Daymond](#)

[full name of deceased including, in brackets, “in the Will called...” and/or “also known as...” if the name of the deceased differs in the Will or if the deceased is known by any other name]

Date of death:

[10/09/2018](#)

Last known residential address of deceased:

[Unit 2 / 2 Sebastian Court, Romaine Tasmania 7320
\(in the Record of Death noted as Unit 2, 2 Sebastian
Crt, Romaine, Tas\)](#)

[full address of the deceased including, in brackets, “in the Record of Death noted as...” if the address of the deceased differs in the Record of Death]

Full name of applicant:

[repeat for more applicants]

[Julie Hariroa Michael \(also known as Julie Hariroa Daymond\)](#)

[full name of applicant including, in brackets, “in the Will called...” and/or “also known as...” if the name of the applicant differs in the Will or if the applicant is known by any other name]

Address of applicant:

[repeat for more applicants]

[7 Hotham Street, Moonee Ponds, Victoria 3039](#)

Relationship of applicant to deceased:

[repeat for more applicants]

[Child](#)

[for example: stranger in blood, widow, child]

Address for service:

[Unit 2 / 2 Sebastian Court, Romaine Tasmania 7320](#)
[this must be a street address, not a post office box and

Estate of: [Anthony Robert Daymond](#)
Applicant/Firm name: [Julie Hariroa Michael](#)
Address: [7 Hotham Street
Moonee Ponds Victoria 3039](#)

DX: [N/A](#)
Tel: [0418 257 345](#)
Email: julie.daymond1974@gmail.com
Practitioner:

must be completed even if you are not represented by a solicitor]

TAKE NOTE:

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

**letters of administration on intestacy*

[for reseals see also form 3 and section 49 of the Administration and Probate Act 1935]

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.