

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:

FULL NAME

Leonie Dickson ("in the Will called Leonie Dickson")

Date of death:

27/03/2017

Last known residential address of deceased:

address

105 Brent Street, Glenorchy in Tasmania.

***Address in Will:**

Address

105 Brent Street, Glenorchy in Tasmania.

***Date of Will:**

00/00/0000

24/03/2017

***Executor named in Will:**

FULL NAME

[repeat for more executors]

Frank Guy

Full name of applicant:

FULL NAME

[repeat for more applicants]

Frank Guy

Address of applicant:

residential address

[repeat for more applicants]

11 Hamel Street, Moonah in Tasmania.

Estate of:
Applicant/Firm
name:

Leonie Dickson
Milton & Meyer

Address:

55 Gouolburn Street,
Hobart, Tasmania 7000

DX:

Tel: 03 6234 7233

Email:

gdmeyer@bigpond.com

Practitioner: GD MEYER

Relationship of applicant to deceased: relationship
[repeat for more applicants] *Stranger in Blood.*

***Australian legal practitioner acting for applicant:** Milton & meyer

Address for service: address for service
55 Goulburn Street, Hobart in Tasmania

TAKE NOTE:

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

*probate of the Will dated 00/00/0000; 24/03/2017

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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.