

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: **GEORGE HUIZING**
(in the Will called "The Will of George Huizing")

Date of death: 27/12/2016

Last known residential address of deceased: 1/435 SANDY BAY ROAD, SANDY BAY IN TASMANIA.

Address in Will: 1/435 SANDY BAY ROAD, SANDY BAY IN TASMANIA

Date of Will: 6/12/2016

Executor named in Will: **IAN NOEL ROBERTS**
(in the Will called "This is The Last Will and Testament of George Huizing")

Executor named in Will: **PETER HUIZING**
(in the Will called "This is The Last Will and Testament of George Huizing")

Executor named in Will: **MARK ADLAM**
(in the Will called "This is the Last Will and Testament of")

Estate of:	George Huizing	DX:	N/A
Applicant/Firm name:	Roberts and Partners Lawyers	Tel:	62484144
Address:	5/A 1 Stanton Place, Cambridge, Tasmania 7170	Email:	admin@robertsandpartnerslawyers.com.au
		Practitioner:	I N Roberts

Full name of applicant: IAN NOEL ROBERTS
(in the Will called "This is the Last Will and Testament of")

Address of applicant: C/O 5/A 1 STANTON PLACE, CAMBRIDGE IN TASMANIA

Relationship of applicant to deceased: STRANGER IN BLOOD

Full name of applicant: PETER HUIZING

Address of applicant: 5 CAMPBELL STREET, KINGSTON IN TASMANIA

Relationship of applicant to deceased: SON

Full name of applicant: MARK ADLAM

Address of applicant: UNIT 2 / 4 PASLEY STREET, SOUTH YARRA IN VICTORIA

Relationship of applicant to deceased: STRANGER IN BLOOD

Australian legal practitioner acting for applicant: ROBERTS AND PARTNERS LAWYERS

Address for service: 5/A 1 STANTON PLACE, CAMBRIDGE 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 06/12/2016](#)

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.