

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: [Lois Lorraine Jones](#)

Date of death: [22/08/2018](#)

Last known residential address of deceased: [Unit 5, 1 Hicks Lane, Latrobe, Tasmania, 7307](#)

***Address in Will:** [7 Benny St, Latrobe, Tasmania, 7307](#)

***Date of Will:** [27/08/2006](#)

***Executor named in Will:** [Jacqueline Kay Martin \(In the Will called Jacqueline Kay Lynch\)](#)
[repeat for more executors]

[Paul Edwin Jones](#)

[Adrian Keith Jones](#)

Full name of applicant: [Jacqueline Kay Martin \(in the Will called Jacqueline Kay Lynch\)](#)
[repeat for more applicants]

Address of applicant: [13 Chardonnay Drive, Hawley Beach Tasmania](#)
[repeat for more applicants]

Estate of: [Lois Lorraine Jones](#)
Applicant/Firm name: [Jacqueline Kay Martin](#)
Address: [13 Chardonnay Dr
Hawley Beach Tas 7307](#)

DX: [Not applicable](#)
Tel: [0409435825](#)
Email: jacki.martin@cba.com.au
Practitioner: [Not applicable](#)

Relationship of applicant to deceased: Child
[repeat for more applicants]

Address of applicant: 13 Chardonnay Drive, Hawley Beach Tasmania, 7307
[this must be a street address, not a post office box and must be completed even if you are not represented by a solicitor]

Full name of applicant: Paul Edwin Jones

Address of applicant: 25 Hawkins St, Latrobe Tasmania, 7307

Relationship of applicant to deceased: Child

Full name of applicant: Adrian Keith Jones

Address of applicant: Unit 2, 71 Paterson St, Ainslie, ACT, 2602

Relationship of applicant to deceased: Child

TAKE NOTE:

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

*probate of the Will dated 27/08/2006;

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.