## 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: JEAN ELIZABETH MARY MANSSON

**Date of death:** 23/01/2018

Last known residential address of deceased: Medea Park Nursing Home, 17 Circassian Street,

St. Helens Tasmania 7216

\*Address in Will: Medea Park Nursing Home, 17 Circassion Street,

St. Helens in Tasmania

\*Date of Will: 09/10/2013

\*Executor named in Will: DAVID KEITH PEARCE

RICHARD JOHN SYMMONS

Full name of applicant: DAVID KEITH PEARCE

RICHARD JOHN SYMMONS

Address of applicant: 15 Hills Road, St. Helens Tasmania 7216

Estate of: |ean Elizabeth Mary Mansson DX: N/A

Applicant/Firm name: Richard SYMMONS Tel: 0419 321 972

Address: 8 Mariner Close Email: symmo69@gmail.com

Cranbourne North Victoria 3977 Practitioner: Self Acting

8 Mariner Close, Cranbourne North Victoria 3977

Relationship of applicant to deceased: Sons

\*Australian legal practitioner acting for

applicant:

Self acting

RICHARD JOHN SYMMONS

Address for service: 8 Mariner Close, Cranbourne North Victoria 3977

## **TAKE NOTE:**

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

\*probate of the Will dated 09/10/2013;

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.