

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:** **Elizabeth Grant Marstrand**

**Date of death:** 23 July 2018

**Last known residential address of deceased:** 9 Jeannie Drive, Sorell in Tasmania

**Address in Will:** 9 Jeanie Drive, Sorell in Tasmania

**Date of Will:** 10/10/2017

**Executor named in Will:** **Jane Louise Marstrand** (in the Will called Jane Louise Marstrand) and/or (also known as Jane Louise Doddridge)

**Executor named in Will:** **David Russell Wallace**

**Full name of applicant:** **Jane Louise Marstrand** (in the Will called Jane Louise Marstrand) and/or (also known as Jane Louise Doddridge)

**Address of applicant:** 25 Creek Road, Lenah Valley in Tasmania 7008

**Relationship of applicant to deceased:** Child

**Full name of applicant:** **David Russell Wallace**

**Address of applicant :** 4 Watchorn Street, Hobart in Tasmania 7000

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Estate of: Elizabeth Grant Marstrand  
Applicant/Firm name: Wallace Wilkinson & Webster  
Address: GPO Box 1360,  
Hobart TAS 7001

DX: 121  
Tel: 03 6234 8022  
Email: DWallace@wwwlawyers.com.au  
Practitioner: D R Wallace

**Relationship of applicant to deceased:** Stranger in blood and legal practitioner  
**Australian legal practitioner acting for applicant:** David Russell Wallace  
**Address for service:** Wallace Wilkinson & Webster  
4 Watchorn Street, Hobart in Tasmania 7000

**TAKE NOTE:**

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

Probate of the Will dated 10/10/2017;

*[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.