

FORM 2

**NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF  
A GRANT**

Rule 33

IN THE SUPREME COURT OF TASMANIA

PROBATE REGISTRY

<b>In the matter of the Estate of:</b>	LOLA MARIE JOYCE RYLE
<b>Date of death:</b>	06/04/2018
<b>Last known residential address of deceased:</b>	87 Beach Road, Margate in Tasmania
<b>Address in Will:</b>	87 Beach Road, Margate in Tasmania
<b>Date of Will:</b>	23/08/2013
<b>Executor named in Will:</b>	GRAEME FREDERICK RYLE
<b>Executor named in Will:</b>	DENISE ELIZABETH DIREEN
<b>Executor named in Will:</b>	SHARON OLIVE MAY ATKINS
<b>Executor named in Will:</b>	TRACEY JANE CRANE
<b>Full name of applicant:</b>	GRAEME FREDERICK RYLE
<b>Address of applicant:</b>	3/2a Wyndham Road, Claremont in Tasmania
<b>Relationship of applicant to deceased:</b>	child
<b>Full name of applicant:</b>	DENISE ELIZABETH DIREEN
<b>Address of applicant:</b>	8 Norla Street, Tranmere in Tasmania
<b>Relationship of applicant to deceased:</b>	child

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Estate of:	LOLA MARIE JOYCE RYLE
Applicant/Firm name:	McCULLOCH & ASSOCIATES
Address:	GPO BOX 1096 HOBART TAS 7001

DX:	
Tel:	(03) 6234 9022
Email:	info@qmcculloch.com
Practitioner:	Q J McCULLOCH

**Full name of applicant:** SHARON OLIVE MAY ATKINS  
**Address of applicant:** 1870 Channel Highway Margate in Tasmania  
**Relationship of applicant to deceased:** child  
**Full name of applicant:** TRACEY JANE CRANE  
**Address of applicant:** 87 Beach Road, Margate in Tasmania  
**Relationship of applicant to deceased:** child  
**Australian legal practitioner acting for applicant:** McCulloch & Associates  
**Address for service:** 5 Heathfield Avenue, 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 23/08/2013;](#)

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.