	FC	DRM 2	
ΝΟΤΙΟ	CE OF INTENTION TO APP	LY FOR GRANT OR RESEAL OF	
	A GRA	NT	
	Ru	ıle 33	
IN THE SUPREME	COURT OF TASMANIA		
PROBATE REGIST	RY		
In the matter of	the Estate of:	DIANE LORRAINE SCOTT	
Date of death:		29/05/2018	
Last known resid	dential address of deceased:	8 FRANKLIN STREET, RICHMOND, TAS. 7025 (In the Record of Death noted as Ningana Nursing Home, Sorell 7172)	
*Address in Will:		22 WILLOWDENE AVENUE, SANDY BAY.	
		TAS. 7005	
*Date of Will:		30/01/1990	
*Executor named in Will:		DAVID NORMAN SCOTT	
Full name of applicant:		DAVID NORMAN SCOTT	
Address of applicant:		8 FRANKLIN STREET, RICHMOND, TAS. 7025	
Relationship of applicant to deceased:		HUSBAND	
Estate of: Applicant/Firm name: Address:	DIANE LORRAINE SCOTT DAVID NORMAN SCOTT 8 FRANKLIN STREET, RICHMOND TAS 7025,	DX: N/A Tel: 0362602025 Email: dscott@southernphone.com.au Practitioner: N/A	

*Australian legal practitioner acting for applicant:

Address for service:

8 FRANKLIN STREET, RICHMOND, TAS. 7025

TAKE NOTE:

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

*probate of the Will dated 30/01/1990;

in the aforementioned estate will be made to the Probate Registry of the Supreme Court of Tasmania.

N/A

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.