

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:** OLIVE VICTORIA SEATON

**Date of death:** 16/09/2017

**Last known residential address of deceased:** 95A Leven Street, Ulverstone in Tasmania

**Address in Will:** 95A Leven Street, Ulverstone in Tasmania

**Date of Will:** 17/08/2012

**Executor named in Will:** DAVID HAROLD SEATON

**Executor named in Will:** DIANNE SEATON

**Full name of applicant:** DAVID HAROLD SEATON

**Address of applicant:** 19 Beverley Hills Road, Newstead in Tasmania

**Relationship of applicant to deceased:** Son

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Estate of:	OLIVE VICTORIA SEATON	DX:	Not Applicable
Applicant/Firm name:	Not Applicable	Tel:	0363448843
Address:	PO Box 178, Kings Meadows 7249	Email:	Not Applicable
		Practitioner:	Not Applicable

**Full name of applicant:**

DIANNE SEATON

**Address of applicant:**

19 Beverley Hills Road, Newstead in Tasmania

**Relationship of applicant to deceased:**

Daughter in law

**Australian legal practitioner acting for applicant:**

Not Applicable

**Address for service:**

19 Beverley Hills Road, Newstead 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 17/08/2012;

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.