

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:** SLOWITZKY Zenon

**Date of death:** 11/06/2018

**Last known residential address of deceased:** Ainslie House Low Head Aged Care Facility  
196/244 Low Head Road  
LOW HEAD TASMANIA 7253

**\*Address in Will:** 48 East Barrack Street  
DELORAINES TASMANIA 7304

**\*Date of Will:** 19/01/1998

**\*Executor named in Will:** SLOWITZKY David John  
*[repeat for more executors]*

**Full name of applicant:** SLOWITZKY David John  
*[repeat for more applicants]*

**Address of applicant:** Apartment 3  
*[repeat for more applicants]*  
11 Adelaide Street  
York Cove  
GEORGE TOWN TASMANIA 7253

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Estate of: Full name of deceased  
Applicant/Firm name: Full name  
Address: Postal address – line one  
Post address – line two

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DX: Firm number  
Tel: Number  
Email: Address  
Practitioner: Initials and surname

**Relationship of applicant to deceased:**

Son

**Address for service:**

Apartment 3

11 Adelaide Street

York Cove

GEORGE TOWN TASMANIA 7253

**TAKE NOTE:**

After 14 days from the date of publication of this notice an application for a grant of:  
Probate of the Will dated 19/01/1998

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.