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:	Helen Joy Sawford
Date of death:	30/08/2018
Last known residential address of deceased:	*76 Esplanade – Oatlands- Tasmania- 7120*
*Address in Will:	**Unit 1 - 76 Esplanade – Oatlands – Tasmania – 7120**
*Date of Will:	20/08/2018
*Executor named in Will:	Bradley Jon Sawford

Executor named in Will: Nigel Walter Hamilton-Smith

Full name of applicant: *[repeat for more applicants]*	*Bradley Jon Sawford*
Address of applicant: *[repeat for more applicants]*	76 Esplanade- Oatlands- Tasmania- 7120
Relationship of applicant to deceased: *[repeat for more applicants]*	Child (son)
*Australian legal practitioner acting for applicant:	**Not Applicable**

Address for service: 76 – Esplanade – Oatlands- Tasmania- 7120

TAKE NOTE:

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

*probate of the Will dated 20/09/2018

 [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.

Please remove the notice already published as this is the new notice with relevant corrections

---

2

Estate of: Helen Joy Sawford

Full name of deceased

DX:

Firm number

Applicant/Firm name:

Full name

Tel:

Number

Address:

Postal address – line one

Email:

Address

Post address – line two

Practitioner:

Initials and surname