

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:** [ANN-Sofi JOSEFIN FISCHER](#)

**Date of death:** [01/10/2022](#)

**Last known residential address of deceased:** [51 Schirrmann Dr](#)  
Maroochydore Qld 4558

**\*Address in Will:** [51 Schirrmann Dr](#)  
Maroochydore Qld 4558

**\*Date of Will:** [22/04/2002](#)

**\*Executor named in Will:** [JAMES ERROL BRIGGS](#)  
*[repeat for more executors]*

**Full name of applicant:** [JAMES ERROL BRIGGS](#)  
*[repeat for more applicants]*

**Address of applicant:** [51 Schirrmann Dr](#)  
*[repeat for more applicants]*  
Maroochydore Qld 4558

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Estate of: Ann-Sofi Josefin Fischer  
Applicant/Firm name: James Errol Briggs  
Address: 51 Schirrmann Dr  
[Maroochydore Qld 4558](#)

DX:  
Tel: 0409215409  
Email: [errolbriggs@bigpond.com](mailto:errolbriggs@bigpond.com)  
Practitioner:

**Relationship of applicant to deceased:** Husband

*[repeat for more applicants]*

**\*Australian legal practitioner acting for applicant:** N/A

**Address for service:** 51 Schirrmann Dr , Maroochydore Qld 4558

**TAKE NOTE:**

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

[reseal of a foreign grant dated 23/01/2023](#)

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.