

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: MARY ELIZABETH SCHIEBEL

Date of death: 23/04/2024

Last known residential address of deceased: GLENVIEW COMMUNITY SERVICES
2-10 WINDSOR STREET, GLENORCHY,
TASMANIA, 7010

***Address in Will:** 42 HESTERCOMBE ROAD, GRANTON,
TASMANIA, 7030

***Date of Will:** 17/07/2023

***Executor named in Will:** DAVID CHRISTOPHER SCHIEBEL &
[repeat for more executors] ANDREW JOHN SCHIEBEL

Full name of applicant: DAVID CHRISTOPHER SCHIEBEL
[repeat for more applicants]

Address of applicant: 42 HESTERCOMBE ROAD, GRANTON,
[repeat for more applicants] TASMANIA, 7030

Estate of: MARY ELIZABETH SCHIEBEL
Applicant/Firm name: DAVID CHRISTOPHER SCHIEBEL
Address: PO BOX 221
CLAREMONT, TAS, 7011

DX: N/A
Tel: 0434 838 627
Email: d.schiebel@me.com
Practitioner: N/A

Relationship of applicant to deceased: SON
[repeat for more applicants]

***Australian legal practitioner acting for applicant:** NOT APPLICABLE

Address for service: 42 HESTERCOMBE ROAD, GRANTON,
TASMANIA, 7030

TAKE NOTE:

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

*probate of the Will dated 17/07/2023;

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.