

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:**

**FULL NAME**

Lucy Annette White

**Date of death:**

June 2024 (exact date unknown)

**Last known residential address of deceased:**

**address**

37 Penelope St, St Helens, Tasmania

**\*Address in Will:**

A will has not been discovered

**\*Date of Will:**

00/00/0000

Not Applicable

**\*Executor named in Will:**

**FULL NAME**

*[repeat for more executors]*

Not Applicable

**Full name of applicant:**

**FULL NAME**

*[repeat for more applicants]*

Claire Shireen Jeffery

**Address of applicant:**

21 Bendigo Way, City Beach, 6015 Perth, WA

*[repeat for more applicants]*

sister

**Relationship of applicant to deceased:**

*[repeat for more applicants]*

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Estate of:	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

**\*Australian legal practitioner acting for applicant:**

Not Applicable

**Address for service:**

*21 Bendigo Way, City Beach 6015 , Perth WA*

**TAKE NOTE:**

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

\*letters of administration on intestacy;

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.