FORM 2		PRM 2
NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF		
A GRANT		
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IN THE SUPREME (	COURT OF TASMANIA	
PROBATE REGIST	۲Y	
In the matter of the Estate of:		SALLY ELAINE BOYLE
Date of death:		19/01/2025
Last known residential address of deceased:		27 Cardigan Street, Somerset, Tasmania, Australia, 7322
*Address in Will:		27 Cardigan Street, Somerset, Tasmania, Australia, 7322
*Date of Will:		24/01/2024
*Executor named in Will:		JOSEPHINE MARIE BRADFORD (in the Will called JOSEPHINE MAREE BRADFORD)
Full name of applicant:		JOSEPHINE MARIE BRADFORD (in the Will called JOSEPHINE MAREE BRADFORD)
Address of applicant:		27 Frazer Street, Strahan, Tasmania, Australia, 7468
Relationship of applicant to deceased:		Child
*Australian legal practitioner acting for		
Estate of: Applicant/Firm name: Address:	Sally Elaine Boyle Josephine Marie Bradford PO Box 23 Strahan, 7468	DX:Not ApplicableTel:0408 890 728Email:Josephine.bradford@outlook.comPractitioner:Not Applicable

applicant:

Not applicable

Address for service:

27 Frazer Street, Strahan, Tasmania, Australia, 7468

## TAKE NOTE:

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

probate of the Will dated 24/01/2024;

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.