

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: MARGUERITE GRACE WYNNE

Date of death: 14/01/2025

Last known residential address of deceased: May Shaw Nursing Home 37 Wellington St,
SWANSEA Tasmania 7190 (in the Record of Death
noted as May Shaw Nursing Home, Swansea)

Address in Will: 16 Pyke Court, Swansea in the state of Tasmania

Date of Will: 01/11/2018

Executor named in Will: GREGSON PAUL TOMLINSON
MARCUS GRANT TOMLINSON

Full name of applicant: MARCUS GRANT TOMLINSON

Address of applicant: 4 Portmarnock Circle, HALLS HEAD WA 6210

Estate of: Marguerite Grace Wynne
Applicant/Firm name: Marcus Grant Tomlinson
Address: 4 Portmarnock Circle, Halls Head WA
6210

DX:
Tel: 0427770307
Email: GrantTomlinson1@bigpond.com

Practitioner:

Relationship of applicant to deceased: Son

***Australian legal practitioner acting for applicant:** Not Applicable

Address for service: 4 Portmarnock Circle, HALLS HEAD WA 6210

TAKE NOTE:

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

*probate of the Will dated 01/11/2018

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.