## 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:

TIMOTHY PAUL ARNOLD

Date of death:

03/07/2019

Last known residential address of deceased:

Mersey Community Hospital

Torquay Road Latrobe in Tasmania 7307

\*Address in Will:

135 David Street East Devonport in Tasmania

19th June 2018

\*Date of Will:

\*Executor named in Will:

[repeat for more executors]

Belinda Louise Craigie

Full name of applicant:

[repeat for more applicants]

Belinda Louise Craigie

Address of applicant:

[repeat for more applicants]

135 David Street East Devonport in Tasmania

Relationship of applicant to deceased:

[repeat for more applicants]

Partner

\*Australian legal practitioner acting for

applicant:

BEN LILLAS LAWYER

Estate of:

Applicant/Firm name:

Address:

TIMOTHY PAUL ARNOLD BEN LILLAS LAWYER

**PO BOX 880** 

**DEVONPORT TAS 7310** 

DX:

70334

Tel:

03 6424 9111 Address

Email: Practitioner:

B J LILLAS

### Address for service:

#### TAKE NOTE:

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

\*probate of the Will dated 19/06/2018;

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.