

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:** OSWALD JAMES MORRIS

**Date of death:** 22/08/2019

**Last known residential address of deceased:** Ainslie House Low Head Aged Care Facility – Southern Cross Care (Tas) Inc, 196/244 Low Head Road, Low Head, TAS, 7253 [in the Medical Certificate of Cause of Death noted as George Town Hospital, Anne Street George Town]

**\*Address in Will:** 51 Adelaide Street, George Town, TAS, 7253

**\*Date of Will:** 30/05/1991

**\*Executor named in Will:** PETER OSWALD MORRIS

**\*Executor named in Will:** CHRISTOPHER JAMES MORRIS

**Full name of applicant:** PETER OSWALD MORRIS

**Address of applicant:** 9 Bullara Road, Craigie, 6025, WA

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Estate of: OSWALD JAMES MORRIS  
Applicant/Firm name: PETER OSWALD MORRIS  
Address: 9 Bullara Road, Craigie, 6025, WA

DX: n/a  
Tel: MOB: 0419797922  
Email: ozmorriskl@gmail.com  
Practitioner: n/a

**Relationship of applicant to deceased:** ELDEST SON

**\*Australian legal practitioner acting for applicant:** N/A

**Address for service:** 9 Bullara Road, Craigie, 6025, WA

**TAKE NOTE:**

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

\*probate of the Will dated 30/05/1991

in the aforementioned estate will be made to the Probate Registry of the Supreme Court of Tasmania.