

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: [LAWRENCE WILLIAM HIPPMAN](#)

Date of death: [28/04/2019](#)

Last known residential address of deceased: [May Shaw Nursing Home, 37 Wellington Street, Swansea Tasmania](#)

Address in Will: **May Shaw Health Centre 37 Wellington Street Swansea Tasmania**

Date of Will: [22/08/2011](#) amended by [CODICIL 23/04/2013](#)

Executors named in Will: [GARY HIPPMAN](#) and [Carlos](#) (in the Will called [Carl Melton Hippman](#))

Full name of applicant 1: [Carlos](#) (in the Will called [Carl Melton Hippman](#))

Address of applicant 1: [c/- 114 Gormanston Road, Derwent Park, Tasmania](#)

Full name of applicant 2: [Gary Hippman](#)

Address of applicant 2: [52 Blamey Drive, Currumbin, Queensland](#)

Estate of:	Lawrence William Hippman	DX:	N/A
Applicant 1:	Carlos	Tel:	0423577046
Address:	c/- 114 Gormanston Road Derwent Park, Tasmania	Email:	RenewInquiries@netspace.net.au (not monitored regularly)
		Practitioner:	N/A (Self Represented)

Relationship of applicants 1 and 2 to deceased:

Sons

Australian legal practitioners acting for Applicant 2:

McMullen Lawyers and Butler McIntyre & Butler

Address for service McMullen:

First floor, 2 Bayfield Street, Rosny Park, Tasmania

Address for service Butler McIntyre & Butler:

20 Murray Street, Hobart, Tasmania

Address for service applicant 1:

C/- 114 Gormanston Road, Derwent Park, Tasmania

TAKE NOTE:

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

probate of the Will dated; 22/08/2011 amended by CODICIL 23/04/2013

[for reseals see also form 3 and section 49 of the Administration and Probate Act 1935]

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.