

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:** ALAN JAMES PATRICK O'MAHONY  
(also known as JACK O'MAHONY)

**Date of death:** 17/07/2019

**Last known residential address of deceased:** 50 Dovecote Road Stanley Tasmania

**Address in Will:** 50 Dovecott Road Stanley Tasmania

**Date of Will:** 24/09/2017

**Executor named in Will:** ANTHONY ROBERT MCGILLVERY  
(in the Will called ANTHONY MCGILLVERY also known as TONY MCGILLVERY)

**Full name of applicant:** ANTHONY ROBERT MCGILLVERY  
(in the Will called ANTHONY MCGILLVERY also known as TONY MCGILLVERY)

**Address of applicant:** 12 Alexander Terrace Stanley Tasmania

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Estate of: Alan James Patrick O'Mahony  
Applicant/Firm name: Anthony McGillvery  
Address: 12 Alexander Terrace  
Stanley Tasmania 7331

DX: Not applicable  
Tel: 0400751910  
Email: anthony.mcgillvery@gmail.com  
Practitioner: Not applicable

**Relationship of applicant to deceased:** Nephew

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

**Address for service:** 12 Alexander Terrace Stanley 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 24/09/2017

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.