

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: [GAYLE HALENE BROWN](#)
(also known as...GAIL HELENE BROWN)

Date of death: [06/01/2020](#)

Last known residential address of deceased: [Strathglen Nursing Home, 2b Chardonnay Drive
BERRIEDALE 7011](#)
*(in the Record of Death noted as...Strathglen Nursing
Home BERRIEDALE)*

***Address in Will:** [Strathglen, 2b Chardonnay Drive BERRIEDALE](#)

***Date of Will:** [19/11/2019](#)

***Executor named in Will:** [HELEN MAY WELLS](#)
(in the Will called...HELEN WELLS)

Full name of applicant: [HELEN MAY WELLS](#)
(in the Will called...HELEN WELLS)

Address of applicant: [6 Fairisle Terrace Howrah 7018](#)

Relationship of applicant to deceased: [Niece-in-law](#)

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

Estate of: [GAYLE HALENE BROWN](#)
Applicant/Firm name: [HELEN MAY WELLS](#)
Address: [6 Fairisle Terrace
Howrah 7018](#)

DX:
Tel: [0403176271](#)
Email: helenwells23@gmail.com
Practitioner: [N/A](#)

Address for service:

not applicable

TAKE NOTE:

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

[probate of the Will dated 19/11/2019;](#)

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.