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: JAMES WILLIAM WRIGHT

Date of death: 21/02/2020

Last known residential address of deceased: Unit 3/18 Wellington Road, Lindisfarne TAS 7015

Address in Will: 12 Sinclair Street, Bermagui NSW 2546

Date of Will: 16/06/2014

Executor named in Will:CATHERINE PENELOPE HOWATT

Executor named in Will:

CRAIG MICHAEL WRIGHT

Executor named in Will:

DAVID ANDREW WRIGHT

CCCC

CATHERINE PENELOPE HOWATT 48 Adina Street, Geilston Bay, TAS 7015

Daughter

Estate of: Ja
Applicant/Firm name: Fi

Address:

James William Wright
FitzGerald and Browne Lawyers
Level 2, 115 Collins Street

HOBART TAS 7000

DX: NA

Tel: 03 6224 6777

Email: TheFirm@fablawyers.net.au

Practitioner: S A Cullen

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15 Lumeah Drive, Mount Coolum, QLD 4573

Son

DAVID ANDREW WRIGHT

74 Golf Circuit, Tura Beach, NSW 2548

Son

Australian legal practitioner acting for Applicant/s:

FitzGerald and Browne Lawyers

Address for service:

Level 2, 115 Collins Street

HOBART TAS 7000

TAKE NOTE:

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

Reseal of a foreign grant dated 28/07/2020

[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.