	FC	DRM 2
NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF		
A GRANT		
	Rı	ıle 33
IN THE SUPREME	COURT OF TASMANIA	
PROBATE REGIST	ſRY	
In the matter of the Estate of:		GWENDA CLIO GORMAN
Date of death:		06/02/2021
Last known resi	dential address of deceased:	RIVULET SOUTHERN CROSS CARE, 14 GORE ST SOUTH HOBART TAS
*Address in Will:		2/125A HAMBLETON ST, MIDDLE PARK, VIC
*Date of Will:		21/12/1991
*Executor named in Will:		JANNE MICHEL GORMAN
Full name of applicant:		JANNE MICHEL GORMAN
Address of applicant:		540 CHANNEL HWY BONNET HILL 7053
Relationship of applicant to deceased:		DAUGHTER
p		
*Australian legal practitioner acting for		NOT APPLICABLE
Estate of: Applicant name:	GORMAN, Gwenda Clio Janne Michel Gorman	DX: Firm number Tel: 0407 348 965
Address:	540 Channel Hwy Bonnet Hill TAS 7053	Email: janne@iinet.net.au Practitioner: Initials and surname

applicant:

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 21/12/1991;

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.