

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:**

**GRAHAM HICKEY**

**Date of death:**

20/05/2021

**Last known residential address of deceased:**

20 East Shelly Road, Orford, Tasmania 7190

**Address in Will:**

20 East Shelly Road, Orford, Tasmania 7190

**Date of Will:**

24/05/2016

**Executor named in Will:**

**VIRGINIA GRACE HICKEY**

**Full name of applicant:**

**VIRGINIA GRACE HICKEY**

**Address of applicant:**

20 East Shelly Road, Orford, Tasmania 7190

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Estate of:	Graham Hickey	Tel:	03 6224 8008
Applicant/Firm name:	Leonard Fernandez Barristers & Solicitors	Email:	Leonardfernandez28@gmail.com
Address:	Level 2/81 Salamanca Place, Battery Point Tasmania 7004	Practitioner:	L Fernandez

**Relationship of applicant to deceased**

Widow

**Australian legal practitioner acting for applicant:**

Leonard Fernandez

**Address for service:**

Leonard Fernandez, Barristers & Solicitor, Level 3,  
15 Castray Esplanade, Battery Point, Tasmania, 7004

**TAKE NOTE:**

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

Probate of the Will dated 24/05/2016

*[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.