

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:**

**NORMA ELIZABETH DUN**

*[full name of deceased including, in brackets, “in the Will called...” and/or “also known as...” if the name of the deceased differs in the Will or if the deceased is known by any other name]*

**Date of death:**

**06/07/2021**

**Last known residential address of deceased:**

**HAWTHORN VILLAGE AGED CARE**

23A WELLS PARADE BLACKMANS BAY TASMANIA 7052

[ROYAL HOBART HOSPITAL HOBART]

*[full address of the deceased including, in brackets, “in the Record of Death noted as...” if the address of the deceased differs in the Record of Death]*

**\*Address in Will:**

**47 ROBSON ROAD CORRIMAL NSW 2518**

**\*Date of Will:**

**17/03/2015**

*[including the date of any codicil or other testamentary disposition for which the grant is sought]*

**\*Executor named in Will:**

**RODNEY DUN & DIANNE RICHARDS**

*[repeat for more executors]*

[LAST WILL AND TESTAMENT OF NORMA ELIZABETH DUN]

*[full name of Executor in Will including, in brackets, “in the Will called...” and/or “also known as...” if the name of the Executor differs in the Will or if the Executor is known by any other name]*

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Estate of: Full name of deceased  
Applicant/Firm name: Full name  
Address: Postal address – line one  
Post address – line two

DX: Firm number  
Tel: Number  
Email: Address  
Practitioner: Initials and surname

**Full name of applicant:**

*[repeat for more applicants]*

RODNEY DUN

*[full name of applicant including, in brackets, “in the Will called...” and/or “also known as...” if the name of the applicant differs in the Will or if the applicant is known by any other name]*

**Address of applicant:**

*[repeat for more applicants]*

31 WARDS ROAD DARAWANK NSW 2428

**Relationship of applicant to deceased:**

*[repeat for more applicants]*

SON

*[for example: stranger in blood, widow, child]*

**\*Australian legal practitioner acting for applicant:**

‘NOT APPLICABLE’

**Address for service:**

31 WARDS DARAWANK NSW 2428

*[this must be a street address, not a post office box and must be completed even if you are not represented by a solicitor]*

**TAKE NOTE:**

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

\*probate of the Will dated 17/03/2015;

\*letters of administration with the Will dated 17/03/2015 annexed;

\*letters of administration on intestacy; or

\*reseal of a foreign grant dated 14/09/2021

*[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.