	FC	DRM 2	
NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF			
A GRANT			
	Ru	ıle 33	
IN THE SUPREME COURT OF TASMANIA			
PROBATE REGIST	TRY		
In the matter of the Estate of:		MICHAEL LESTER FABISH	
Date of death:		05/08/2021	
Last known resi	dential address of deceased:	27 Henry St, Sheffield TAS 7306	
*Address in Will:		27 Henry St, Sheffield TAS 7306	
*Date of Will:		14/03/2021	
*Executor named in Will:		EMILY JANE FABISH	
*Executor name	ad in Will.	LUKE FABISH	
*Executor named in will:			
Full name of applicant:		EMILY JANE FABISH	
Address of applicant:		27 Henry St, Sheffield TAS 7306	
Relationship of applicant to deceased:		Widow	
Estate of:	Full name of deceased	DX: Firm number	
Applicant/Firm name: Address:	Full name Postal address – line one	Tel: Number Email: Address	
	Post address – line two	Practitioner: Initials and surname	

Full name of applicant:	LUKE FABISH
Address of applicant:	74 Honiton Ave, Carlingford, NSW 2118
Relationship of applicant to deceased:	Child
*Australian legal practitioner acting for applicant:	NA
Address for service:	NA

TAKE NOTE:

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

*probate of the Will dated 14/03/2021;

[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.