

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: Colleen Cynthia Somers

Date of death: 24/10/2021

Last known residential address of deceased: Meercroft Nursing Home
Clements Street,
Devonport TAS 7310

***Address in Will:** 21 Garnett Street, Blackmans Bay TAS 7052

***Date of Will:** 26/11/1991

***Executor named in Will:** Katherine Louise Somers
Wendy Katherine Somers

Full name of applicant: Katherine Louise Somers
Wendy Katherine Somers

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

Address of applicant:

14 Agnes Street, The Range QLD 4700

2/23 Victoria Street, Devonport TAS 7310

Relationship of applicant to deceased:

Daughter

Daughter

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

N/A

Address for service:

14 Agnes Street, The Range QLD 4700

TAKE NOTE:

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

*probate of the Will dated 26/11/1991

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.