

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:** MICHAEL JAMES CLARKSON

**Date of death:** 05/06/2021

**Last known residential address of deceased:** 210 HOBART ROAD, LAUNCESTON, TASMANIA

**Address in Will:** 86 PARANAPLE ROAD, KELSO, TASMANIA

**Date of Will:** 13/12/2019

**Executor named in Will:** CHERYL ANN CLARKSON

**Full name of applicant:** CHERYL ANN CLARKSON

**Address of applicant:** 6 LINDSAY STREET, LOGANHOLME,  
QUEENSLAND

**Relationship of applicant to deceased:** SISTER

**Australian legal practitioner acting for** CAROLYN RYDER SOLICITOR

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Estate of: Michael James Clarkson  
Applicant/Firm name: Carolyn Ryder Solicitor  
Address: PO Box 3656  
Loganholme QLD 4129

DX:  
Tel: 07 3089 1804  
Email: [info@carolynryder.com](mailto:info@carolynryder.com)  
Practitioner: C Ryder

**applicant:**

**Address for service:**

LEVEL 2, 3908 PACIFIC HIGHWAY,  
LOGANHOLME, QUEENSLAND 4129

**TAKE NOTE:**

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

Probate of the Will dated 13/12/2019

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.