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:

Barry Ernest Fox

[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: 29/12/2021

Last known residential address of deceased: 47 Gallahar Place, BRIDGEWATER, TAS

[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]

Full name of applicant: Julian Barry Douglas Fox

[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: 85 Native Corners Road, CAMPANIA, TAS

[repeat for more applicants]

Relationship of applicant to deceased: Child (son)

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

*Australian legal practitioner acting for Self represented

applicant:

Estate of: Barry Ernest Fox DX: NA

Applicant/Firm name: Julian Barry Douglas Fox Tel: 0498151580

Address: 85 Native Corners Road Email: julzfox@hotmail.com

Campania, Tas Practitioner: NA

Address for service:

85 Native Corners Road, CAMPANIA, TAS

[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:

*letters of administration on intestacy;

[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.

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