

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:**

Margaret RATTRAY

*[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:**

21 August 2021

**Last known residential address of deceased:**

Queen Victoria Nursing Home, LINDISFARN  
TAS 7015

*[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:**

128 Hill Street, WEST HOBART TAS 7000

**\*Date of Will:**

10 July 2010

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

**\*Executor named in Will:**

Alan David RATTRAY and Susan Ann GANNON

*[repeat for more executors]*

*[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]*

**Full name of applicant:**

Alan David RATTRAY and Susan Ann GANNON

*[repeat for more applicants]*

*[full name of applicant including, in brackets, “in the Will called...” and/or “also known as...” if the name of*

---

Estate of: Margaret RATTRAY  
Applicant/Firm name: Alan David RATTRAY  
Address: 16 Everglades Street  
SPRINGFIELD LAKES QLD 4300

DX:  
Tel: 0409 770 684  
Email: arattray@bigpond.com  
Practitioner:

*the applicant differs in the Will or if the applicant is known by any other name]*

**Address of applicant:**  
*[repeat for more applicants]*

16 Everglades Street, SPRINGFIELD LAKES QLD  
4300

**Relationship of applicant to deceased:**  
*[repeat for more applicants]*

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

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

**Address for service:**

16 Everglades Street, SPRINGFIELD LAKES QLD  
4300  
*[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 10 July 2010**

*[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.