FORM 2			
NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF			
A GRANT			
Rule 33			
IN THE SUPREME	COURT OF TASMANIA		
PROBATE REGIST	RΥ		
In the matter of the Estate of:		DEIRDRE CALVERT	
Date of death:		23/01/2022	
Last known residential address of deceased:		Toosey Hospital, Longford	
*Address in Will:		29 Cathcart Street, Swansea in Tasmania	
*Date of Will:		07/03/2013	
*Executor named in Will:		ALISTAIR ROBERT CALVERT	
[repeat for more exe	cutors]		
Full name of applicant:		ALISTAIR ROBERT CALVERT	
[repeat for more applicants]			
Address of applicant: [repeat for more applicants]		12 Winston Avenue, Seven Mile Beach in Tasmania	
<b>Relationship of applicant to deceased:</b> [repeat for more applicants]		Son	
- · · · · ·	- 	C 10.4	• .
*Australian legal practitioner acting for applicant:		Sproal & Asso	ciates
Address for service:		71 St John Street, Launceston in Tasmania	
		-	
Estate of: Applicant/Firm name:	Deirdre Calvert Sproal & Associates	DX: Tel:	70114 (03) 6331 5500
Address:	71 St John Street Launceston Tas 7250	Email: Practitioner:	barry@sproalassociates.com.au BD Sproal

## TAKE NOTE:

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

\*probate of the Will dated 07/03/2013;

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.