

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:** KIM SANDRA LEIGHTON

**Date of death:** 24/06/2022

**Last known residential address of deceased:** Unit 2, 5 Torquay Drive, Sorell, Tasmania 7172

**\*Address in Will:** Not applicable

**\*Date of Will:** Not applicable

**\*Executor named in Will:** Not applicable

**Full name of applicant:** KEITH JAMES LEIGHTON

**Address of applicant:** Unit 2, 5 Torquay Drive, Sorell, Tasmania 7172

**Relationship of applicant to deceased:** Father

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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

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

Not applicable

**Address for service:**

Unit 2, 5 Torquay Drive, Sorell, Tasmania 7172

**TAKE NOTE:**

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

\*probate of the Will dated 00/00/0000; not applicable

\*letters of administration with the Will dated 00/00/0000 annexed; not applicable

\*letters of administration on intestacy; or

\*redeal of a foreign grant dated 00/00/0000 not applicable

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.