

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:** DARIA SOPHIA CARYNNY

**Date of death:** 30/07/2021

**Last known residential address of deceased:** 669 Tomewin Road, Tomewin, NSW, 2484  
[in the Record of Death noted as Wedgetail  
Retreat, 12 Wedgetail Court, Dulguigan, NSW,  
2484]

**Address in Will:** 669 Tomewin Road, Tomewin NSW, 2484

**Date of Will:** 01/07/2021

**Executor named in Will:** William Noel Paterson

**Full name of applicant:** William Noel Paterson

**Address of applicant:** 12 Alamanda Avenue, Cabarita Beach, NSW, 2484

**Relationship of applicant to deceased:** Friend

**Australian legal practitioner acting for applicant:** Ellis & Baxter Solicitors & Attorneys Pty Ltd

**Address for service:** 4/4 Wharf Street, Murwillumbah, NSW, 2484

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Estate of:	Daria Sophia Carynny	DX:	Not applicable
Applicant/Firm name:	Ellis & Baxter Solicitors & Attorneys	Tel:	02 6672 8888
Address:	4/4 Wharf Street, Murwillumbah NSW 2484	Email:	<a href="mailto:admin@ellisandbaxter.com.au">admin@ellisandbaxter.com.au</a>
		Practitioner:	EM Ellis

**TAKE NOTE:**

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

reseal of a foreign grant dated 15/02/2022

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.