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:

PETER JOHN COLLINS

Date of death: 18/05/2022

Last known residential address of deceased: 5/9 CHURCH ST

WYNYARD TASMANIA 7325

*Address in Will: 5/9 CHURCH ST

WYNYARD TASMANIA 7325

*Date of Will: 27/07/2016

Executor named in Will:GEOFFREY BRUCE COLLINS

SALLYANNE TODD

Full name of applicant: SALLYANNE TODD

Address of applicant: 40 RAGLAN ST SOMERSET TASMANIA 7322

Relationship of applicant to deceased: CHILD

Estate of: Peter John Collins DX: N/A

Applicant/Firm name: Sallyanne Todd Tel: +61417325573

Address: 40 Raglan St Email: sally@theblackstump.com

Somerset Tasmania 7322 Practitioner: N/A

*Australian legal practit	ioner acting for
applicant:	

NOT APPLICABLE

Address for service:

40 RAGLAN ST SOMERSET TASMANIA 7322

TAKE NOTE:

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

*probate of the Will dated 27/07/2016;

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.