	FORM 2
NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF A GRANT	
IN THE SUPREME COURT OF TASMANIA	
PROBATE REGISTRY	
In the matter of the Estate of:	Elizabeth Fay CHALLIS
Date of death:	29/10/2022
Last known residential address of deceas	sed: 39 Brookdale Street, Norwood, TAS, 7250
*Address in Will: *Date of Will:	39 Brookdale Street, Norwood, TAS, 7250 15/05/1990
*Executor named in Will:	James Robert Challis
Full zname of applicant:	James Robert Challis
Address of applicant:	39 Brookdale Street, Norwood, TAS 7250
Relationship of applicant to deceased:	Husband
*Australian legal practitioner acting for applicant:	Not applicable
Estate of: Elizabeth Fay Challis Applicant/Firm name: James Robert Challis Address: 39 Brookdale Street, Norwood, TAS, 7250	DX:Firm numberTel:0419518965Email:jrchallis@hotmail.comPractitioner:Initials and surname

Address for service:

## TAKE NOTE:

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

\*probate of the Will dated 15/05/1990

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.