

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:

PATRICIA IRENE MAYS

[full name of deceased including, in brackets, “in the Will called...” and/or “also known as...” if the name of the deceased differs in the Will or if the deceased is known by any other name]

Date of death:

25/02/2023

Last known residential address of deceased:

Fairway Rise Aged Care Facility

Toodgood Drive, Lindisfarne, Tas 7015

[full address of the deceased including, in brackets, “in the Record of Death noted as...” if the address of the deceased differs in the Record of Death]

***Address in Will:**

Fairway Rise Aged Care Facility

Toogood Drive, Lindisfarne, Tas 7015

***Date of Will:**

24/05/2016

(including Statutory Declaration 26/05/2016 and Statutory Declaration 05/02/2021

[including the date of any codicil or other testamentary disposition for which the grant is sought]

***Executor named in Will:**

[repeat for more executors]

GILLIAN PATRICIA DOWNEY

[full name of Executor in Will including, in brackets, “in the Will called...” and/or “also known as...” if the name of the Executor differs in the Will or if the

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

Executor is known by any other name]

Full name of applicant:

[repeat for more applicants]

GILLIAN PATRICIA DOWNEY

[full name of applicant including, in brackets, “in the Will called...” and/or “also known as...” if the name of the applicant differs in the Will or if the applicant is known by any other name]

Address of applicant:

[repeat for more applicants]

I Chelsea Court, Lindisfarne, Tas 7015

Relationship of applicant to deceased:

[repeat for more applicants]

Daughter

[for example: stranger in blood, widow, child]

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

Not Applicable

Address for service:

I Chelsea Court, Lindisfarne, Tas 7015

[this must be a street address, not a post office box and must be completed even if you are not represented by a solicitor]

TAKE NOTE:

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

*probate of the Will dated 24/05/2016;

[for reseals see also form 3 and section 49 of the Administration and Probate Act 1935]

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.