| 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: | LEXIE CAMERON BELL | | |
| Date of death: | 07/05/2023 | | |
| Last known residential address of deceased: | WEST COAST DISTRICT HOSPITAL QUEENSTOWN TASMANIA | | |
| Address in Will: | WEST COAST DISTRICT HOSPITAL 60/64 ORR STREET QUEENSTOWN TASMANIA | | |
| Date of Will: | 17/03/2019 | | |
| Executor named in Will: | CATHERINE EVE LEGGE | | |
| Full name of applicant: | CATHERINE EVE LEGGE | | |
| Address of applicant: | 13 CHERRY GROVE LATROBE TASMANIA | | |
| Relationship of applicant to deceased: | DAUGHTER | | |
| Australian legal practitioner acting for applicant: | O'ROURKE & KELLY | | |
| Address for service: | 20 ROOKE STREET DEVONPORT TASMANIA | | |

TAKE NOTE:

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

probate of the Will dated 17/03/2019;

| Estate of: | LEXIE CAMERON BELL | DX: | N/A |
|----------------------|----------------------------|---------------|-----------------------------|
| Applicant/Firm name: | O'ROURKE & KELLY SOLICITOR | Tel: | (03) 6424 4633 |
| Address: | P O BOX 541 | Email: | estates@orourkekelly.com.au |
| | DEVONPORT TAS 7310 | Practitioner: | M R HARRIS |

in the aforementioned estate will be made to the Probate Registry of the Supreme Court of Tasmania.