

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:** KANE WILLIAM SYMONS

**Date of death:** 11/06/2023

**Last known residential address of deceased:** 208 Maison Dieu Road, Maison Dieu, New South Wales, 2330 (in the Record of Death noted as 1/76 Wattle Ponds Road, Hunterview, New South Wales, 2330)

**\*Address in Will:** Not applicable

**\*Date of Will:** Not applicable

**\*Executor named in Will:** Not applicable

**Full name of applicant:** STEPHEN JOHN SYMONS

**Full name of applicant:** SARNIA LISA SYMONS

**Address of applicants:** 183 Lewisham Scenic Drive, Lewisham, Tasmania, 7173

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Estate of:	Kane William Symons	DX:	Not applicable
Applicant/Firm name:	Stephen John Symons and Sarnia Lisa Symons	Tel:	0419 893 746
Address:	183 Lewisham Scenic Drive Lewisham, Tasmania, 7173	Email:	steve.symons69@gmail.com
		Practitioner:	Not applicable

**Relationship of applicants to deceased:** Parents

**\*Australian legal practitioner acting for applicant:** Not applicable

**Address for service:** 183 Lewisham Scenic Drive, Lewisham, Tasmania,  
7173

**TAKE NOTE:**

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

letters of administration on intestacy

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.