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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:	GIAN ADAIR WRIGHT [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:	16/08/23
Last known residential address of deceased:	307 BROOKER HWY LUTANA 7009 [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:	307 BROOKER HWY LUTANA 7009
*Date of Will:	18/08/2020uding the date of any codicil or other testamentary disposition for which the grant is sought]
*Executor named in Will: [repeat for more executors]	DOUGLAS HUTSON MITCHELL ROBYN ELAINE BYLETT I 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

Full name of applicant: [repeat for more applicants]	DOUGLAS HUTSON MITCHELL [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]	307 BROOKER HWY LUTANA 7009
Relationship of applicant to deceased: [repeat for more applicants]	PARTNER [for example: stranger in blood, widow, child]
*Australian legal practitioner acting for applicant:	NONE
Address for service:	307 BROOKER HWY LUTANA 7009 [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 18/08/2020

[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.