

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:**

DAVID ROBERT CRAWFORD

*[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:**

26/12/2023

**Last known residential address of deceased:**

5 POWELL ST LEFROY TAS 7252

*[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:**

N/A

**\*Date of Will:**

N/A

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

**\*Executor named in Will:**

N/A

*[repeat for more executors]*

*[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 Executor is known by any other name]*

**Full name of applicant:**

LORETTA LEE CRAWFORD (Next of Kin)

*[repeat for more applicants]*

*[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]*

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Estate of:	DAVID ROBERT CRAWFORD	DX:	Firm number
Applicant/Firm name:	Full name LORETTA LEE CRAWFORD	Tel:	Number 0448 706 493
Address:	Postal address – line one 13 JACOB AVE GEROGUE TOWN TAS 7253	Email:	Address
	Post address – line two	Practitioner:	Initials and surname

**Full name of applicant:**

*[repeat for more applicants]*

LEE MAREE JOHNSON (also known as Lee Maree Crawford)

***[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]***

**Full name of applicant:**

*[repeat for more applicants]*

ROBIN MAREE CRAWFORD

***[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]*

13 JACOBS AVE GEORGE TOWN TAS 7253,

**Address of applicant:**

*[repeat for more applicants]*

81 DAVIES ST GEORGE TOWN TAS 7253

**Address of applicant:**

*[repeat for more applicants]*

9 QUINN AVE GEORGE TOWN TAS 7253 &

**Relationship of applicant to deceased:**

*[repeat for more applicants]*

CHILDREN

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

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

N/A

**Address for service:**

N/A

*[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:

\*letters of administration on intestacy;

*[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.