

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:** [Gail Bickers](#)

**Date of death:** [30/09/2023](#)

**Last known residential address of deceased:** [285 Brisbane St](#)  
[Launceston, Tasmania 7250](#)

**\*Address in Will:** [285 Brisbane St](#)  
[Launceston, Tasmania 7250](#)

**\*Date of Will:** [04/11/2022](#)

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Estate of: [Gail Bickers](#)  
Applicant/Firm name: [Simon Jolyon Walter](#)  
Address: [285 Brisbane St](#)  
[Launceston](#)  
[Tasmania 7250](#)

**DX:** [Not applicable](#)  
**Tel:** [0408 051 960](#)  
**Email:** [simonwal60@gmail.com](mailto:simonwal60@gmail.com)

**Practitioner:** [Not applicable](#)

[285 Brisbane St](#)  
[Launceston](#)  
[Tasmania 7250](#)

**\*Executor named in Will:** Simon Jolyon Walter

**Full name of applicant:** Simon Jolyon Walter

**Address of applicant:** 285 Brisbane St  
Launceston, Tasmania 7250

**Relationship of applicant to deceased:** Caring Relationship

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

**Address for service:** 285 Brisbane St  
Launceston, Tasmania 7250

**TAKE NOTE:**

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

**\*probate of the Will dated 04/11/2023**

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.