

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: FULL NAME : Amanda Jane French

Date of death: 27/01/2024

Last known residential address of deceased: 130 Scamander Avenue, Scamander Tasmania 7215

***Address in Will:** Unit 5/6 Groom Street, St Helens Tasmania 7216

***Date of Will:** 30/11/2016

***Executor named in Will:** FULL NAME : Sarah Myles French

Full name of applicant: FULL NAME : Sarah Myles French

Address of applicant: 15 Cherrywood Drive, Scamander Tasmania 7215

Relationship of applicant to deceased: Relationship : Sister

***Australian legal practitioner acting for applicant:** N/A

Address for service:

Estate of: Full name of deceased
Applicant/Firm name: Full name
Address: Postal address – line one
Post address – line two

DX: Firm number
Tel: Number
Email: Address
Practitioner: Initials and surname

TAKE NOTE:

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

*probate of the Will dated 30/11/2016

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.