

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: LOUISE AMANDA SCOTTON

Date of death: 12/09/2023

Last known residential address of deceased: 9 Liffey St, Carrick, TAS 7291
(in the Record of Death noted as 9 Liffey St, Carrick, TAS 7301)

Address in Will: 10 Stark Drive, Vale View, QLD 4352

Date of Will: 10/11/2017

Executor named in Will: STEVEN MICHAEL SCOTTON

Full name of applicant: STEVEN MICHAEL SCOTTON

Address of applicant: 9 Liffey St, Carrick TAS 7291

Relationship of applicant to deceased: Husband

Address for service: 9 Liffey St, Carrick TAS 7291

TAKE NOTE:

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

[probate of the Will dated 10/11/2017](#)

in the aforementioned estate will be made to the Probate Registry of the Supreme Court of Tasmania.

Estate of: Louise Amanda Scotton
Applicant/Firm name: Steven Michael Scotton
Address: PO Box 176
Carrick TAS 7291

DX: not applicable
Tel: 0467 751 182
Email: stvscotton@gmail.com
Practitioner: not applicable

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.