FOF		DRM 2
NOTICE OF INTENTION TO APPLY FOR GRANT OR RESEAL OF		
A GRANT		
	Ru	ıle 33
IN THE SUPREME (COURT OF TASMANIA	
PROBATE REGISTR	RY	
In the matter of the Estate of:		ELSIE BARBARA HARLING "also known as BARBARA HARLING"
Date of death:		05/04/2025
Last known residential address of deceased:		14 Gore Street, SOUTH HOBART TAS 7004 "in the Record of Death noted as Rivulet Southern Cross Care, SOUTH HOBART"
*Address in Will:		9 Timbertop Drive, BLACKMANS BAY in Tasmania
*Date of Will:		18/11/2010
*Executor named in Will: [repeat for more executors]		GEOFFREY BRUCE HARLING
Full name of applicant: [repeat for more applicants]		GEOFFREY BRUCE HARLING
Address of applicant: [repeat for more applicants]		437 Macquarie Street, SOUTH HOBART TAS 7004
Relationship of applicant to deceased: [repeat for more applicants]		Child (son)
*Australian legal practitioner acting for		Not Applicable
Estate of: Applicant/Firm name: Address:	ELSIE BARBARA HARLING GEOFFREY BRUCE HARLING 437 MACQUARIE STREET SOUTH HOBART TAS 7004	DX: NA Tel: 0429 152 440 Email: geoffharling@bigpond.com Practitioner: NA

applicant:

Address for service:

437 Macquarie Street, SOUTH HOBART TAS 7004

TAKE NOTE:

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

probate of the Will dated 18/11/2010;

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.