

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:**

**Dale Herbert Kitchin**

*[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:**

**29/05/2017**

**Last known residential address of deceased:**

**102-104 High St. Campbell Town. 7210**

*[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:**

**“not applicable”**

**\*Date of Will:**

**“not applicable”**

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

**\*Executor named in Will:**

*[repeat for more executors]*

**“not applicable**

*[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:**

*[repeat for more applicants]*

**Carol Frances Kitchin**

*[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*

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

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

*known by any other name]*

**Address of applicant:**

*[repeat for more applicants]*

102-104 High St. Campbell Town. 7210

**Relationship of applicant to deceased:**

*[repeat for more applicants]*

wife

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

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

“not applicable”

**Address for service:**

“not applicable”

*[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; or

*[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.

