

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:

[JUDITH MARION WILLIS](#)

Date of death:

[03/02/2026](#)

Last known residential address of deceased:

Sandhill Calvary Aged Care Facility

25 Waveney Street

South Launceston 7249

Tasmania

Tingha NSW 2369

***Address in Will:**

***Date of Will:**

[03/11/1998](#)

***Executor named in Will:**

[repeat for more executors]

Carolyn Louise Baker

Stuart Kenneth Willis

Timothy Charles Willis

Full name of applicant:

1. Carolyn Louise Baker
2. Stuart Kenneth Willis
3. Timothy Charles Willis

Estate of: [Judith Marion Willis](#)
Applicant/Firm name: Carolyn Louise Baker
Stuart Kenneth Willis
Timothy Charles Willis
Address: 9 Spofforth Street Ermington NSW
2115
17 Great Western Highway Valley
Heights NSW 2777
98 Main Road Perth TAS 7300

DX: Not Applicable
Tel: 0416160563
0426292737
0438539230
Email: Carolynbaker60@gmail.com
Wildesantiques@bigpond.com
Stuwillis1970@outlook.com

Practitioner: Not Applicable

Address of applicant:	1. 9 Spofforth Street Ermington NSW 2115 2. 17 Great Western Highway Valley Heights NSW 2777 3. 98 Main Road Perth Tas 7300
Relationship of applicant to deceased:	1. <i>Daughter</i> 2. <i>Son</i> 3. <i>Son</i>
*Australian legal practitioner acting for applicant:	Not Applicable
Address for service:	<i>Not Applicable</i>

TAKE NOTE:

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

[*probate of the Will dated 03/11/1998;](#)

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