

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: SAMUEL KNYVET ROBERTS

Date of death: 03/06/2026

Last known residential address of deceased: 12 Lasswade Ave
Dynnyrne
TAS 7005

Full name of applicant: CLIVE KNYVET ROBERTS
[repeat for more applicants]

Address of applicant: 12 Lasswade Ave
[repeat for more applicants] Dynnyrne
TAS 7005

Relationship of applicant to deceased: Father
[repeat for more applicants]

Address for service: 12 Lasswade Ave
Dynnyrne
TAS 7005

TAKE NOTE:

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

*letters of administration on intestacy;

Estate of: Samuel Knyvet Roberts
Applicant/Firm name: Clive Knyvet Roberts
Address: 12 Lasswade Ave
Dynnyrne TAS 7005

DX: not applicable
Tel: 0407 006 779
Email: Leonieroberts3@gmail.com
Practitioner: not applicable

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.