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:	ANNE SOPHIA CHILCOTT
Date of death:	08/10/2026
Last known residential address of deceased:	WYNYARD CARE CENTRE. 1a MOORE STREET, WYNYARD TASMANIA 7325
***Address in Will:**	1 GILL PLACE, SHOREWELL PARK. TASMANIA 7320
***Date of Will:**	10/10/2025
***Executor named in Will:** *[repeat for more executors]*	DANIEL ADRIAN CHILCOTT
Full name of applicant: *[repeat for more applicants]*	DANIEL ADRIAN CHILCOTT
Address of applicant: *[repeat for more applicants]*	5 CALTHORPE GREEN, CAROLINE SPRINGS. VICTORIA 3023
Relationship of applicant to deceased: *[repeat for more applicants]*	CHILD

***Australian legal practitioner acting for applicant:**	NOT APPLICABLE
Address for service:	5 CALTHORPE GREEN, CAROLINE SPRINGS VICTORIA 3023

TAKE NOTE:

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

*probate of the Will dated 10/10/2025

[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.