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:	Peter Robert Lloyd
Date of death:	27/07/2026
Last known residential address of deceased:	Derwent Views Nursing Home, 7 Ballawinnie Rd, Lindisfarne TAS 7015
***Address in Will:**	18 Chapman Street, Bellerive 7018
***Date of Will:**	25/06/2019
***Executor named in Will:** *[repeat for more executors]*	Dianne Maree Lloyd (Dianne Maria Lloyd)
Full name of applicant: *[repeat for more applicants]*	Dianne Maree Lloyd (Dianne Maria Lloyd)
Address of applicant: *[repeat for more applicants]*	18 Chapman Street, Bellerive, 7018
Relationship of applicant to deceased: *[repeat for more applicants]*	Widow

***Australian legal practitioner acting for applicant:** "not applicable"

Address for service: 18 Chapman Street, Bellerive, 7018

TAKE NOTE:

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

*probate of the Will dated 25/06/2019;

*letters of administration with the Will dated 00/00/0000 annexed; "not applicable"

*letters of administration on intestacy; or "not applicable"

*reseal of a foreign grant dated 00/00/000 "not applicable"

[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.