

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

**PROBATE COURT OF THE**

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

Alias \_\_\_\_\_

No. \_\_\_\_\_

Date

**AFFIDAVIT – COMPLETE ADMINISTRATION**

Name and address of fiduciary(ies):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
City/Town State Zip Phone Number

\_\_\_\_\_  
City/Town State Zip Phone Number

The undersigned upon oath depose(s) and say(s) that all administration charges and claims filed have been adjusted and settled; that all estate and inheritance taxes have been satisfied; that the funeral bill has been paid; that the personal estate has been completely distributed; that there are NO ASSETS REMAINING IN:

\_\_\_\_\_’s hands as:

Name of Fiduciary(ies)

(check one) [ ] Executor(s) [ ] Administrator(s)

All as shown by evidence hereto attached:

1. (check one) [ ] Received inheritance tax bill [ ] Certificate of no tax

2. Received funeral bill from: \_\_\_\_\_  
Name of Funeral Home

3. Claims of: \_\_\_\_\_  
Name of Claimant  
\_\_\_\_\_  
Name of Claimant  
\_\_\_\_\_  
Name of Claimant

4. Releases of: \_\_\_\_\_  
Name of Heir/Legatee  
\_\_\_\_\_  
Name of Heir/Legatee  
\_\_\_\_\_  
Name of Heir/Legatee

\_\_\_\_\_  
Signature of Fiduciary

\_\_\_\_\_  
Signature of Fiduciary

\_\_\_\_\_  
Sc.

Date: \_\_\_\_\_

*Subscribed and sworn to before me*

\_\_\_\_\_  
Notary public (please print name)

\_\_\_\_\_  
Notary public signature