



STATE OF RHODE ISLAND
 County of _____
 Estate of _____
 Alias _____

PROBATE COURT OF THE
 City or Town of _____
 No. _____

Respectfully represents:
 Name of the Deceased _____ Personal estate \$ estimated at _____
 Resided in _____ Date of Death (Died Intestate) _____
 City/Town _____
Petitioner:
 Name _____ Relationship to Deceased _____
 Street Address _____
 City/Town _____ State _____ Zip Code _____ Phone Number _____

Respectfully requests: (or any other suitable person be appointed to administer.)
Name of Nominee _____ Relationship to Deceased _____
 Street Address _____
 City/Town _____ State _____ Zip Code _____
Name of Co-Nominee (if any) _____ Relationship to Deceased _____
 Street Address _____
 City/Town _____ State _____ Zip Code _____

Deceased left the following surviving spouse and heirs at law: (Indicate any minors or incompetents.)

NAME	RELATIONSHIP	ADDRESS
_____	Spouse	_____
_____	_____	_____
_____	_____	_____

Additional heirs at law and beneficiaries must be listed on page 1A.
 Form PC-9.1, Waiver, if applicable.

Petitioner: To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.
 Signature of Petitioner _____ PETITIONER SIGN HERE _____ Date _____
Notary:
 Name of Notary _____ State _____ County _____
 On _____ day of _____, 20____ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.
 Signature of Notary Public _____ Date _____
 _____ NOTARY SIGN HERE _____
 Commission ID# _____ Commission Expiration Date _____ Notary Seal _____

DECREE

Upon hearing, it is hereby ordered and decreed:

Fiduciary Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone Number _____

Co-Fiduciary Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone Number _____

is/are hereby appointed to administer the estate of deceased upon filing bond.

Bond Fixed at: \$ _____

With Surety _____

Without Surety _____

*Appointed **APPRAISER(S)**: Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.*

Appraiser Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone Number _____

Co-Appraiser Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone Number _____

*Appointed **RESIDENT AGENT***

Resident Agent Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone Number _____

Form PC-3.5, Appointment of Resident Agent, if required.

Entered as an order and decree of the court on:

Probate Judge _____

Date _____

Signature of Probate Judge _____

PROBATE JUDGE SIGN HERE