



PETITION FOR VOLUNTARY INFORMAL ADMINISTRATOR

RIGL 33-24-1

DATE FILED

FOR COURT USE ONLY

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Respectfully represents:

Name of Deceased _____ Date of Death (Died Intestate) _____

Address: _____

Petitioner:

Name _____ Relationship to Deceased _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

does on oath affirm, attest, and say that:

1. He/She is of full age and legal capacity, and a resident of the State of Rhode Island.
2. That more than thirty (30) days have passed since the death and that no Petition for Probate of the Will has been filed in the city or town in which the Deceased resided.
3. The following persons would inherit under the provisions of [RIGL 33-1-1](#) in case of intestacy.

Name	Relationship	Address

4. Attached to this affidavit and made a part of it is a schedule of all assets owned by the Deceased as of his/her date of death, with the value as of date of death listed, and that said assets consist of personal property only and does not exceed \$15,000.00 in value, exclusive of all tangible personal property.
5. The Deceased owned no real estate at the time of their death.

6. That the undersigned will act as Voluntary Informal Administrator(s) for the Deceased and will administer the Estate according to law and apply the proceeds of the Estate in conformity with the provisions of [RIGL 33-24-1\(e\)](#), including the payment of the funeral bill.

In Witness Whereof I/we sign this petition on the _____ day of _____, _____.

Name of Affiant	Signature of Affiant	AFFIANT SIGN HERE
Street Address _____		
City/Town _____	State _____	Zip Code _____ Phone Number _____
Name of Affiant	Signature of Affiant	AFFIANT SIGN HERE
Street Address _____		
City/Town _____	State _____	Zip Code _____ Phone Number _____
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 statements in the documents are truthful and accurate.		
Signature of Notary Public _____	NOTARY SIGN HERE	Date _____
Commission ID# _____	Commission Expiration Date _____	Notary Seal _____

Reviewed and approved:		
Probate Judge _____		Date _____
Signature of Probate Judge _____	PROBATE JUDGE SIGN HERE	

Certified:		
Probate Clerk _____		Date _____
Signature of Probate Clerk _____	PROBATE CLERK SIGN HERE	

