

**Probate Court****DATE FILED**FOR
COURT USE ONLY**AFFIDAVIT OF NEWLY DISCOVERED ASSETS \$5,000.00 OR LESS
AND STATEMENT OF PROPOSED DISTRIBUTION**RIGL 33-14-13**STATE OF RHODE ISLAND**

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Fiduciary:**Fiduciary**Title of
Fiduciary _____Street
Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone
Number _____**Co-Fiduciary**Title of
Co-Fiduciary _____Street
Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone
Number _____***Represents as follows:***

1. Subsequent to the closing of the above estate on _____ (MM/DD/YYYY) the formerly appointed and qualified fiduciary(ies) has/have discovered the following asset(s), collectively having a value of \$5,000.00 or less:

Describe Asset(s)

Actual Current Value

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total \$ _____

2. Your petitioner(s) avers and states that the assets will be distributed to the beneficiaries under the decedent's will or if this was an administration proceeding, to the heirs at law as follows:

Heir at Law	Relationship	Amount \$

Address _____		

Heir at Law	Relationship	Amount \$

Address _____		

Heir at Law	Relationship	Amount \$

Address _____		

Heir at Law	Relationship	Amount \$

Address _____		

3. Petitioner further avers that a copy of this petition, along with the date it was filed with the court, with notice that the above have 30 days from that date to file an objection with this court (copy to fiduciary) to the proposed distribution, has been provided to the beneficiaries under Will, if applicable, or to the heirs at law if this is an administration proceeding.

4. Notice has been given pursuant to [RIGL 33-14-13\(a\)\(2\) and \(a\)\(3\)](#) to the following persons:

Heir at Law	Relationship	Amount \$

Address _____		

Heir at Law	Relationship	Amount \$

Address _____		

Heir at Law	Relationship	Amount \$

Address _____		

Heir at Law	Relationship	Amount \$

Address _____		

Fiduciaries: To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.

Signature of Fiduciary	FIDUCIARY SIGN HERE	Date
_____		_____
Signature of Fiduciary	FIDUCIARY 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 document is/are truthful and accurate.

Signature of Notary	NOTARY SIGN HERE	Date
_____		_____

Commission ID#	Commission Expiration Date	Notary Seal
_____	_____	_____