



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
_____	_____	_____