



STATE OF RHODE ISLAND
County of
Estate of
Alias

PROBATE COURT OF THE
City or Town of
No.

The undersigned:
Fiduciary Title
Street Address
City/Town State Zip Code
Email Phone Number
Co-Fiduciary Title
Street Address
City/Town State Zip Code
Email Phone Number

of the above estate on oath depose(s) and swear(s) that:
1. The asset(s) that were discovered after the original probate was closed in the amount of \$ were distributed to the beneficiaries under the will or heirs at law as follows:
Name Address Amount

2. This estate has now been completed and finalized.

Fiduciary: 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 statements in the documents are truthful and accurate.
Signature of Notary Public NOTARY SIGN HERE Date
Commission ID # Commission Expiration Date Notary Seal