



OBJECTION TO REOPENING ESTATE

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

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

1. The fiduciary, _____ has/have
 _____ (name) _____ (title)
 reopened the above estate pursuant to [RIGL 33-14-13](#) to distribute assets discovered after the initial probate was filed.

2. I, the undersigned petitioner, do hereby object to the proposed distribution:

Name of Petitioner: _____ Relationship to Deceased _____
 Street Address _____
 City/Town _____ State _____ Zip Code _____

And my reasons for objecting are as follows:

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 statements in the documents are truthful and accurate.

Signature of Notary Public _____ NOTARY SIGN HERE _____ Date _____

Commission ID# _____ Commission Expiration Date _____ Notary Seal _____