



Probate Court

ADMINISTRATION DE BONIS NON *RIGL 33-8-10*  
OR

ADMINISTRATION DE BONIS NON CUM TESTAMENTO ANNEXO *RIGL 33-8-9*

DATE FILED

FOR COURT USE ONLY

**STATE OF RHODE ISLAND**  
 County of \_\_\_\_\_  
 Estate of \_\_\_\_\_  
 Alias \_\_\_\_\_

**PROBATE COURT OF THE** \_\_\_\_\_  
 No. \_\_\_\_\_

**Respectfully represents:**  
 Name of the Deceased \_\_\_\_\_ Personal estate \$ estimated at \_\_\_\_\_  
 Resided in City/Town \_\_\_\_\_ Date of Death \_\_\_\_\_  
**Petitioner:**  
 Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**respectfully represents:**  
 Name of Former Fiduciary \_\_\_\_\_  
 has (check one):  died  resigned  been removed  
 without having (check one):  fully administered said estate  fully executed the will

**Therefore, I/we request that:**  
**Name of Nominee** \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Name of Co-Nominee (if any)** \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 or any other suitable person be appointed to administer the estate not yet administered.

**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 statement(s) in the documents is/are truthful and accurate.  
 Signature of Notary Public \_\_\_\_\_ NOTARY SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_  
 Commission ID# \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_ Notary Seal \_\_\_\_\_

**DECREE**

*Upon hearing, it is hereby ordered and decreed:*

**Fiduciary Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**Co-Fiduciary Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

*is/are hereby appointed to administer the estate not already administered.*

Bond Fixed at: \$ \_\_\_\_\_

With Surety \_\_\_\_\_

With the will annexed (*check if appropriate*)

Without Surety \_\_\_\_\_

**Appointed RESIDENT APPRAISER(S):**

Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.

**Appraiser Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**Co-Appraiser Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**Appointend RESIDENT AGENT:**

**Resident Agent Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

*Form PC-3.5 Appointment of Agent, if applicable.*

**Entered as an order and decree of the court on:**

Probate Judge \_\_\_\_\_

Date \_\_\_\_\_

Signature of Probate Judge \_\_\_\_\_

PPROBATE JUDGE SIGN HERE