



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 removedwithout 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 _____

Date _____

NOTARY SIGN HERE

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