



STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Respectfully represents:

Name of the Deceased _____ RI Personal Estate Estimated at \$ _____ Unknown

Resided in City/Town/State _____ Date of Death _____

Petitioner:

Name _____ Relationship to Deceased _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Respectfully requests:

The accompanying authenticated copy of the probate file of the Deceased, which operates on an estate in this city/town may be filed and recorded in the office of the clerk and that letters testamentary or administration c.t.a. may be issued in Rhode Island to:

Name of Nominee _____ Relationship to Deceased _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Name of Co-Nominee (if any) _____ Relationship to Deceased _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Deceased left the following surviving spouse and heirs at law: (Indicate any minors or incompetents.)

NAME	RELATIONSHIP	ADDRESS
_____	Spouse	_____
_____	_____	_____
_____	_____	_____

Form PC-9.1, Waiver, if applicable. Additional heirs at law and beneficiaries must be listed on page 1A.

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:

Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

is/are hereby appointed: executor co-executor other _____

Bond Fixed at: \$ _____ With Surety _____

Without Surety _____

Appointed 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 _____

Appointed RESIDENT AGENT:

Resident Agent Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Form PC-3.5, Appointment of Resident Agent, if required.

Entered as an order and decree of the court on:

Probate Judge _____ Date _____

Signature of Probate Judge _____
PROBATE JUDGE SIGN HERE