



Probate Court

PETITION TO FILE WILL WITH NO ASSETS

RIGL 33-7-5

DATE FILED

FOR COURT USE ONLY

STATE OF RHODE ISLAND
County of
Estate of
Alias

PROBATE COURT OF THE
City or Town of
No.

Petitioner:
Name
Relationship to Deceased
Street Address
City/Town State Zip Code Phone Number
I, being duly sworn, upon my oath depose and say:
That I am: a relative a friend other:
of the late: (name of Deceased) who died a resident of (town of residence) on (date of death)
1. That upon his/her death, the deceased left a Last Will and Testament dated, attached hereto. That under Paragraph, of said Last Will and Testament, I am named Executor/Executrix of the estate: that there are no assets which require Probate Administration under the terms of the late's Last Will and Testament.
2. The funeral bill for the deceased, attached hereto, was paid in full on:
3. The decedent left the following heirs at law:
Name of Heir At Law Relationship to Deceased
Street Address
City/Town State Zip Code Phone Number
Additional heirs at law and beneficiaries must be listed on page 1A.
4. Said Will is presented to the Probate Court of the city/town of:
for filing pursuant to the provisions of RIGL 33-7-5 and the affiant has received NO NOTICE of any probate proceedings or of the issuance of letters testamentary or letters of administration regarding the estate of the decedent.

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

Filed and recorded on (MM/DD/YYYY) only: NO ACTION TAKEN
Probate Clerk Name Date
Probate Clerk Signature PROBATE CLERK SIGN HERE Probate Seal

