



STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Respectfully represents:Name of the
Deceased _____Personal Estate
Estimated at \$ _____Resided in
City/Town _____Date of Death
(Died Testate) _____**Petitioner:**

Name _____

Relationship to
Deceased _____Street
Address _____

City/Town _____

State _____

Zip
Code _____

Email _____

Phone
Number _____**Respectfully requests:**

(or any other suitable person be appointed to administer.)

The accompanying instrument dated _____ (date the Will and/or Codicil was signed) may be admitted to Probate as the last will and testament of the deceased and that: ☐ letters testamentary OR ☐ letters of administration c.t.a may be issued to:**Name of
Nominee** _____Relationship to
Deceased _____Street
Address _____

City/Town _____

State _____

Zip
Code _____

Email _____

Phone
Number _____**Name of Co-
Nominee** (if any) _____Relationship to
Deceased _____Street
Address _____

City/Town _____

State _____

Zip
Code _____

Email _____

Phone
Number _____**Deceased left the following surviving spouse and heirs at law who would inherit had Deceased died intestate and beneficiaries under the will:**
(Indicate any minors or incompetents.)

NAME

RELATIONSHIP

ADDRESS

Spouse

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

Form PC-9.1, Waiver, if applicable.

Additional heirs at law and beneficiaries must be listed on page 1A.

Petitioner:

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 _____

(Indicate any minors or incompetents.)

ADDRESS[illegible]

You may provide additional attachments, if necessary.

DECREE

Upon hearing, it is hereby ordered and decreed:

The instrument herewith presented may be admitted to probate as the last Will and testament of:

Name of Deceased _____

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 of deceased upon filing bond.

Bond Fixed at: \$ _____ ☐ With Surety _____

☐ letters testamentary ☐ letters of administration c.t.a. ☐ 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