



**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	_____
_____	_____	_____
_____	_____	_____

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 \_\_\_\_\_



**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