



**STATE OF RHODE ISLAND**  
 County of \_\_\_\_\_  
 Estate of \_\_\_\_\_  
 Alias \_\_\_\_\_

**PROBATE COURT OF THE** \_\_\_\_\_  
 No. \_\_\_\_\_

**Respectfully represents:**

Name of the Deceased \_\_\_\_\_ RI Personal Estate Estimated at \$ \_\_\_\_\_  
 Unknown  
 Resided in City/Town \_\_\_\_\_ Date of Death (Died Testate) \_\_\_\_\_

**Petitioner:**

Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Respectfully requests:**

The accompanying authenticated copy of the Will 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 may be issued in Rhode Island to:

**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 \_\_\_\_\_

**Deceased left the following surviving spouse and heirs at law who would inherit had deceased died intestate:**  
(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 statements in the documents 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 Agent, if applicable.

**Entered as an order and decree of the court on:**

Probate Judge

Date

Signature of  
Probate Judge

PROBATE JUDGE SIGN HERE