

**Probate Court****DATE FILED**FOR
COURT USE ONLY**RESIGNATION**RIGL 33-18-4**STATE OF RHODE ISLAND**

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

The undersigned respectfully resigns as:**Title of
Fiduciary** _____Name of
Fiduciary _____Street
Address _____

City/Town _____

State _____

Zip Code _____

Email _____

Phone
Number _____Signature
of Fiduciary _____

FIDUCIARY 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 _____

NOTARY SIGN HERE

Date _____

Commission ID# _____

Commission Expiration Date _____

Notary Seal _____

Decree:***Upon hearing, it is hereby ordered and decreed:***

The Fiduciary's resignation is **ACCEPTED**. The Fiduciary shall not be discharged until the allowance of a final account and the transfer of all assets and records to the Successor Fiduciary.

Entered as an order and decree of the court on:

Probate Judge _____

Date _____

Signature of
Probate Judge _____

PROBATE JUDGE SIGN HERE