



**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 \_\_\_\_\_ Date of Death \_\_\_\_\_  
 City/Town \_\_\_\_\_

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

**respectfully requests:**  
 Name of Fiduciary \_\_\_\_\_  
 who duly qualified as fiduciary on: \_\_\_\_\_  
 has become incapable of executing said trust  
 has neglected and refused to do the duties thereof  
 has wasted said estate  
 other reason \_\_\_\_\_

**Wherefore your petitioner, being a party in interest requests that said fiduciary may be removed and that the following person(s) may be appointed to complete said trust:**

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

or any other suitable person be appointed to administer the estate not yet administered.

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

**DECREE**

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

It appearing that good and sufficient cause exists,

**Current Fiduciary Name** \_\_\_\_\_ is forthwith removed and

**Successor Fiduciary Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

and *(add optional nominee):*

**Successor Co-Fiduciary Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Is/are appointed to complete said trust:

Bond Fixed at: \$ \_\_\_\_\_  With Surety \_\_\_\_\_  
 Without Surety \_\_\_\_\_

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

Probate Judge \_\_\_\_\_ Date \_\_\_\_\_

Signature of Probate Judge \_\_\_\_\_  
PROBATE JUDGE SIGN HERE