



AFFIDAVIT OF REAL PROPERTY

RIGL 33-3-14

STATE OF RHODE ISLAND	
County of _____	_____
Estate of _____	_____
Alias _____	_____

PROBATE COURT OF THE	
City or Town of _____	_____
No. _____	_____

The undersigned upon oath, hereby certify:

That the Decedent, _____ died testate or intestate on _____
(name of decedent) (date)

and that *(check one)*:

as of the date of death, the Decedent did not own any real estate

the real estate was sold during the administration of the estate

a duly recorded certificate of decent shall be filed with the probate court

and the Decedent's estate will be closed by Affidavit of Complete Administration (or final accounting) by its personal representative.

Name of Fiduciary _____	_____
Signature of Fiduciary _____	Date _____
FIDUCIARY SIGN HERE	

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 _____	Date _____	
NOTARY SIGN HERE		
Commission ID# _____	Commission Expirate Date _____	Notary Seal _____