



CERTIFICATE OF DEVISE OR DESCENT

RIGL 33-9-29

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

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

The undersigned, upon oath, hereby certifies:
 That ("Deceased") _____
 _____ (name of deceased)
 died Testate Intestate on _____ (date) and that as of his or her date of death, deceased owned the
 real estate described on Exhibits attached hereto and incorporated herein by reference ("realty"). Deceased's estate has been closed or
 will be closed by affidavit of complete administration or final accounting by deceased's personal representative and that the realty, or part
 thereof, is devised, distributed, set out, legally divided or descends to:

Name	Share
_____	_____
Address	

Name	Share
_____	_____
Address	

Name	Share
_____	_____
Address	

Name of Fiduciary _____
 Signature of Fiduciary _____ Date _____

Notary:
 Name of Notary _____ State _____ County _____
 On _____ day of _____, 20____ the fiduciary, 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 _____
 Commission ID# _____ Commission Expirate Date _____ Notary Seal _____

ATTACH LEGAL DESCRIPTION