



GENERAL CERTIFICATION

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

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

THIS WILL CERTIFY

that as of this date: _____

there is no probate for: _____

(name of deceased)

on file in this Court.

DECREE:

Name of Probate Judge	_____
Signature of Probate Judge	_____
	PROBATE JUDGE SIGN HERE
	Date _____