



**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

**Petitioner:**

Name \_\_\_\_\_

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

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

Email \_\_\_\_\_ Personal estate estimated at: \$ \_\_\_\_\_  Assets unknown

**Name of Respondent** \_\_\_\_\_ Relationship to Respondent \_\_\_\_\_

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

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

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

**Respectfully requests that:**

**Name of Nominee** \_\_\_\_\_ Relationship to Respondent \_\_\_\_\_

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

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

Email \_\_\_\_\_

**Name of Co-Nominee (if any)** \_\_\_\_\_ Relationship to Respondent \_\_\_\_\_

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

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

Email \_\_\_\_\_

or any suitable person may be appointed CONSERVATOR of the above respondent who believes that the respondent has become incapacitated by reason of:

advanced age

mental weakness

other: \_\_\_\_\_

and can no longer properly care for his/her property. *Attach Form PC-9.1, Waiver, if applicable.*

**Petitioner:** To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.

Signature of \_\_\_\_\_ PETITIONER SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_  
Petitioner

**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 SIGN HERE \_\_\_\_\_ Date \_\_\_\_\_  
Notary Public

Commission ID# \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_ Notary Seal \_\_\_\_\_

**DECREE**

*Upon hearing, it is hereby ordered and decreed that said complaints are found true and accurate. Wherefore, the following is/are appointed CONSERVATOR(S):*

**Appointed Conservator** \_\_\_\_\_ Relationship to Respondent \_\_\_\_\_

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

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

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

**Appointed Co/Conservator** \_\_\_\_\_ Relationship to Respondent \_\_\_\_\_

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

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

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

*With the following limitations on his/her/their authority:*

\_\_\_\_\_

\_\_\_\_\_

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

*By Decree herein, the following is/are appointed APPRAISER(S):*  Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.

**Appraiser Name** \_\_\_\_\_

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

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

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

**Co-Appraiser Name** \_\_\_\_\_

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

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

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

Appointed **RESIDENT AGENT**

**Resident Agent Name** \_\_\_\_\_

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

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

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

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

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

Signature of Probate Judge \_\_\_\_\_

PROBATE JUDGE SIGN HERE