



CUSTODIANSHIP

RIGL 8-9-9

DATE FILED

FOR COURT USE ONLY

**STATE OF RHODE ISLAND**

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

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

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

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

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

**Name of Decedent** \_\_\_\_\_ **Resident Decedent Died:** \_\_\_\_\_

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

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

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

**Petitioner:**

**Name** \_\_\_\_\_ **Relationship to Decedent** \_\_\_\_\_

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

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

**Respectfully requests that:**

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

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

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

E-mail \_\_\_\_\_

**Name of Co-Nominee** \_\_\_\_\_ **Relationship to Decedent** \_\_\_\_\_

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

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

Email \_\_\_\_\_

may be appointed CUSTODIAN/CO-CUSTODIAN. *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 \_\_\_\_\_ **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:  
Is/are Appointed CUSTODIAN(S):**

**Appointed Custodian** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

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

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

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

**Appointed Co/Custodian** \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

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

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

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

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

**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