



CERTIFICATION OF ACCOUNTING

RIGL 33-14-2.2

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

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

The undersigned _____ attorney,
(name of attorney)

and _____
(name of fiduciary)

and _____, fiduciary(ies)
(name of co-fiduciary, if any)

hereby certify that the within accounting was prepared based on information which each of the undersigned have personally examined, and further certify that, to the best of our knowledge and belief of each of the undersigned, the within is a true and accurate representation of the account(s) of the estate for the period indicated.

Name of Attorney	

Signature of Attorney	_____
ATTORNEY SIGN HERE	
Date	_____

Name of Fiduciary	

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

Signature of Co-Fiduciary	_____
CO-FIDUCIARY SIGN HERE	
Date	_____

Notary:

Name of Notary	_____	State	_____	County	_____
On _____ day of _____, 20____ the attorney/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	_____	NOTARY SIGN HERE		Date	_____
Commission ID#	_____	Commission Expiration Date	_____	Notary Seal	_____