State of Rhode Island and Providence Plantations

Probate Court

AFFIDAVIT - COMPLETE ADMINISTRATION

RIGL 33-14-1

DATE FILED

FOR COURT USE ONLY

STATE OF RHODE ISLAND

County of **Select County**

Estate of

Alias

PROBATE COURT OF THE

City or Town of **Select City or Town**

No.

Name and address of fiduciary(ies):

Fiduciary Name

Street Address

City/Town | State | Zip Code

Email | Phone Number

Co-Fiduciary Name

Street Address

City/Town | State | Zip Code

Email | Phone Number

The undersigned upon oath depose(s) and say(s) that all administration charges and claims filed have been adjusted and settled; that all estate and inheritance taxes have been satisfied; that the funeral bill has been paid; that the personal estate has been completely distributed; that there are NO ASSETS REMAINING IN:

Fiduciary Name | **Fiduciary Name**

fiduciary(ies) care and custody as: ☐ Executor(s) ☐ Administrator(s)

All as shown by evidence hereto attached:

1. (check one) ☐ Receipted inheritance tax bill ☐ Certificate of no tax

2. Receipted funeral bill from: Name of Funeral Home

3. Claims of: Name of Claimant

Name of Claimant

4. Releases of: Name of Heir/ Legatee

Name of Heir/ Legatee

Fiduciary:

Signature of Fiduciary FIDUCIARY SIGN HERE Date

Signature of Fiduciary FIDUCIARY SIGN HERE Date

Notary:

Name of Notary | State | County

On _____ day of _____, 20 _____ the fiduciary(ies), 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

Probate Clerk:

Probate Clerk | Date

Probate Clerk Signature PROBATE CLERK SIGN HERE