



GENERAL RELEASE

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

I, _____ of _____

(name of beneficiary) (city/town)

State of _____ for the following described consideration paid to me or distributed to me by:

Name of Fiduciary _____ **Title** _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____

Name of Co-Fiduciary _____ **Title** _____

(if any)

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____

in the above named estate acknowledge receipt thereof:

I do hereby release and forever discharge the said fiduciary and his/her sureties, heirs and personal representatives from all debts, demands, actions and liabilities whatsoever, which the said fiduciary has or ever had on account of the estate of said:

(name of estate)

Signature of Estate Beneficiary _____ **ESTATE BENEFICIARY SIGN HERE** _____ **Date** _____

Witness _____ **WITNESS SIGN HERE** _____ **Date** _____