



STIPULATION

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

In the above-entitled matter, it is hereby stipulated as follows:

Name of Attorney _____

Firm of Attorney _____ Bar Number _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Signature of Attorney _____ ATTORNEY SIGN HERE _____ Date _____

Name of Attorney _____

Firm of Attorney _____ Bar Number _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Signature of Attorney _____ ATTORNEY SIGN HERE _____ Date _____

Entered as an order and decree of the court on:

Name of Probate Judge _____

Signature of Probate Judge _____ PROBATE JUDGE SIGN HERE _____ Date _____