

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

PETITION FOR PROBATE OF WILL

Respectfully represents that:

Name of Deceased: _____ Personal estate estimated at: \$ _____
Name of Deceased

Resided in: _____ Died testate: _____
City/Town of Residence Date of death

Your petitioner:

Name Relationship to Deceased

No. Street

City/Town State Zip Phone Number

Respectfully requests that:

The accompanying instrument dated _____ may be admitted to probate as the last will and
Date Will and/or Codicil Was Signed
testament of the deceased and that: [] letters testamentary [✓] letters of administration c. t. a. may be issued to:
(check one)

Name of Nominee Relationship to Deceased Name of Co-Nominee (if any) Relationship to Deceased

No. Street No. Street

City/Town State Zip Phone Number City/Town State Zip Phone Number

Deceased left the following surviving spouse and heirs at law who would inherit had deceased died intestate:
(Indicate any minors or incompetents.)

| NAME | ADDRESS | RELATIONSHIP |
|------|---------|--------------|
| | | (spouse) |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach form PC—9.1, Waiver, if applicable.

The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Signature of petitioner

Date

Sc.

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name)

Notary public signature

DECREE

Upon hearing, it is hereby ordered and decreed:

The instrument herewith presented may be admitted to probate as the last will and testament of:

Name of Deceased

Upon the filing of a bond in the sum of: \$ _____ [] With surety _____
[] Without surety (if with surety, indicate type)

[] letters testamentary [] letters of administration c. t. a.
(check one)

may issue to:

| | | | | | | | |
|--------------------------|----------------|-----------------|-----------------------|--------------------------------------|----------------|-----------------|-----------------------|
| _____ Name of Nominee | | | | _____ Name of Co-Nominee (if any) | | | |
| _____ No. | | _____ Street | | _____ No. | | _____ Street | |
| _____ City/Town | _____ State | _____ Zip | _____ Phone Number | _____ City/Town | _____ State | _____ Zip | _____ Phone Number |

Appointed **APPRAISER(s)**: (if different from above)

| | | | | | | | |
|--------------------|----------------|-----------------|-----------------------|--------------------|----------------|-----------------|-----------------------|
| _____ Name | | | | _____ Name | | | |
| _____ No. | | _____ Street | | _____ No. | | _____ Street | |
| _____ City/Town | _____ State | _____ Zip | _____ Phone Number | _____ City/Town | _____ State | _____ Zip | _____ Phone Number |

Appointed **RESIDENT AGENT(s)**:

| | | | | | | | |
|--------------------|----------------|-----------------|-----------------------|--------------------|----------------|-----------------|-----------------------|
| _____ Name | | | | _____ Name | | | |
| _____ No. | | _____ Street | | _____ No. | | _____ Street | |
| _____ City/Town | _____ State | _____ Zip | _____ Phone Number | _____ City/Town | _____ State | _____ Zip | _____ Phone Number |

Entered as an order and decree of the court on:

Date

Probate Judge

Attorney of record:

Advertised Dates (or copy of ad)

Name

Bar Number

No.

Street

City/Town

State

Zip

Phone Number
