RHODE ISLAND LAST

WILL AND TESTAMENT OF

(name)
I,(name), presently residing at
(address) and a residen
of (county name) County, State of Rhode Island, declare this to be
my Will.
ARTICLE I
REVOCATION OF PRIOR WILLS
I revoke all Wills and Codicils previously made by me.
ARTICLE II
DECLARATIONS
I (am/am not) married.
(Complete if applicable) My spouse's name is (spouse's
name) and that all references in this Will to "my (wife/husband)" or to
"my spouse" are to (him/her).
(Complete if applicable I have (number of children) living children,
whose names and dates of birth are: (list children's names and birth dates)



I have no other living children and no issue of deceased children.

ARTICLE III

DISPOSITION OF ESTATE

I bequeath my entire estate, of whatever kind of property and wherever situated, to the following beneficiaries:

FIRST BENEFICIARY:		
I bequeath to	(name), my	(relation
presently residing at	(address	
the following property, or percenta	age of my estate:	
SECOND BENEFICIARY:		
I bequeath to	(name), my	(relation)
presently residing at		(address)
the following property, or percenta		
THIRD BENEFICIARY:		
I bequeath to	(name), my	(relation)
presently residing at		(address)
the following property, or percenta	age of my estate:	



ARTICLE IV

PAYMENT OF DEBTS, TAXES, AND EXPENSES

I direct my Executor to pay from my estate passing under Article III, without adjustment among the beneficiaries thereof, all inheritance, estate, and other death taxes, federal or state, of every kind, together with all interest and penalties thereon, if any ("death taxes"), all of my lawful debts, expenses of my funeral and last illness, and all other obligations of my estate, including but not limited to debts and expenses of administration that may, by reason of my death, be attributable to my probate estate, whether domiciliary or ancillary, or any portion thereof, or to any property or transfers of property outside of my probate estate, whether by right of survivorship, settlement of insurance policies or otherwise; provided that proceeds payable under an otherwise federal estate tax exempt pension, profit-sharing or any other kind of retirement plan shall in no event be used for the payment of any death taxes or any other obligations of my estate, including but not limited to debts and expenses.

ARTICLE V

DISTRIBUTION IF NO SURVIVORS

If none of my beneficiaries survive me, and no other disposition is directed by this Will, then the residue of my estate, or the portion for which no other disposition is directed, shall be distributed to my heirs at law, such heirs to be determined according to the applicable laws of my state of residence in effect at the time of my death relating to the intestate succession of separate property not acquired from a predeceased spouse.



ARTICLE VI

CUSTODIANSHIP ACCOUNTS

If any beneficiary under this Will is under the age of twenty-five (25) years at the time title vests in him or her, then his or her share shall be retained by an individual selected by my Executor as custodian for such minor until age twenty-five (25) under the Uniform Transfers to Minors Act.

ARTICLE VII

DISINHERITANCE AND NO CONTEST PROVISIONS

- **A. Disinheritance.** Except as otherwise provided in this Will, I have intentionally made no provision for any child of mine, or for the issue of any deceased child of mine, or for any other person or relative, whether claiming to be an heir of mine or not.
- **B.** No Contest Provision. If any beneficiary under this Will shall directly or indirectly contest this Will (which shall include any Codicil hereto) or any of its provisions, then any share or interest in my estate given to that contesting beneficiary is revoked and shall be added to the residue of my estate, and shall be distributed to the other beneficiaries of such residue as herein provided in the same shares and in the same manner as if that contesting beneficiary had predeceased me without issue.



ARTICLE VIII

GUARDIANS FOR MINOR CHILDREN

A.	Appointment of Gua	rdians. If my	spouse do	es not surviv	e me and at	my
death any o	f my children are unde	er the age of e	eighteen (1	8), I nomina	te and appo	oint
	(guard	dian's name) a	s guardian	of the perso	n and estate	e of
any minor cl	hild of mine during min	ority. If		(gu	ardian's na	me)
fails, for any	y reason, to act or to co	ontinue to act	as such gu	ardian, then	I nominate	and
appoint	(altern	ate guardian'	s name) z	s such guar	dian. The	last
guardian in	office shall have the r	ight to appoin	t a succes	sor to himse	lf or hersel	f as
guardian.						
В.	Bond. No bond shall	be required of	any guardi	an named in	this Will.	
		ARTICLE I	X			
		EXECUTOR	S			
A.	Appointment of	Executors.	I no	minate and a	ppoint	
	(executor's na	ame), presently	residing a	t		<u>—</u>
					(addres	ss)
as Executor	of this Will. If		(exec	utor's name)	fails, for an	y
reason, to a	ct or to continue to act	as Executor, th	en I nomir	nate and appo	int	
	(alternate	executor's	name),	presently	residing	at
					(addres	cc)



as Executor. The last Executor in office shall have the right to appoint a successor to himself or herself as Executor.

- **B.** Powers. In addition to any other powers granted to my Executor by law, my Executor is authorized to invest and reinvest my estate in common stocks and other securities and is authorized to borrow and to sell, lease, mortgage, pledge, or otherwise encumber any property belonging to my estate that my Executor, in his/her discretion, deems necessary for the proper administration and distribution of my estate.
 - C. **Bond.** No bond shall be required of any Executor named in this Will.

ARTICLE X

MISCELLANEOUS PROVISIONS

- **A. Definitions.** As used in this Will, the words "child" and "children" include my biological and adopted children; the word "issue" means lawful descendants of all degrees, including adoptive descendants; and the term "my Executor" shall include any Executor or Administrator of my estate.
- **B.** No Contract to Make Will. I confirm that there is no agreement between my spouse and me as to the disposition of our estate upon the death of the second of us to die.
- C. <u>Shipping Expenses</u>. I direct that all expenses of storage (pending distribution), packaging, shipping, insurance, delivery, and other charges incurred in connection with the distribution and delivery of the articles of tangible personal property described in this Will to the persons entitled to them shall be borne by my



estate as an expense of administration, a	nd that my beneficiaries shal	l not be required to
pay for such expenses.		
IN WITNESS WHEREOF, I subs	cribe my name on	(date).
	(signature)	
	(printed name)	



On the date written below,		(testator s name) declared to us
that this instrument, consisting of	_ (number oj	f pages) pages, including the page
signed by us as witnesses, was the testat	or s Will and	requested us to act as witnesses to
it (testator s name	e) thereupon s	signed this Will in our presence, all
of us being present at the same time. W	Ve now, at the	testator s request, in the testator s
presence and in the presence of each oth	er, subscribe o	our names as witnesses.
We understand that this instrumer	nt is the Will	of (testator s
name). The testator appears to us to be	e over eightee	en (18) years of age and of sound
mind. We have no knowledge of any fac	cts indicating	that this Will or any part of it was
procured by duress, menace, fraud, or ur	ndue influence	e.
Executed on	(date), 8	at (city),
(state). We declare	under penalt	ty of perjury under the laws of
the State of Rhode Island that the forego	ing is true and	d correct.
	Residing at	
	Residing at	



NOTARY ACKNOWLEDGMENT

State of Rhode Island	,	
County of)	SS.
On		_(date) before me,
	(name and	d title of the officer), personally appeared
		(name(s) of testator(s)), who proved to me
on the basis of satisfactor	ory evidence to be	the person(s) whose name(s) is/are subscribed to the
within instrument and	acknowledged to	me that he/she/they executed the same in his/her/
their authorized capac	ity(ies), and that l	by his/her/their signature(s) on the instrument the
person(s), or the entity	upon behalf of w	which the person(s) acted, executed the instrument
I certify under	PENALTY OF I	PERJURY under the laws of the State of Rhode
Island that the foregoi	ng paragraph is t	true and correct. WITNESS my hand and official
seal.		
Signature		(Seal)
My Commission Exp	ires:	



This form was created by FormsPal.com

If you want to learn more about wills in other states, read more in our general category

Last Will and Testament Templates.

Click the following link to find out more details about Rhode Island last will and testament.

To get the same document in .docx format, <u>click the link</u>.