



**ADMINISTRATION PETITION**

*RIGL 33-8-8*

**DATE FILED**

FOR  
COURT USE ONLY

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

**Respectfully represents:**

Name of the Deceased \_\_\_\_\_ Personal estate \$ estimated at \_\_\_\_\_

Resided in \_\_\_\_\_ Date of Death (Died Intestate) \_\_\_\_\_

**Petitioner:**

Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**Respectfully requests:** (or any other suitable person be appointed to administer.)

**Name of Nominee** \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Deceased left the following surviving spouse and heirs at law:** (Indicate any minors or incompetents.)

NAME	RELATIONSHIP	ADDRESS
_____	Spouse	_____
_____	_____	_____
_____	_____	_____

*Additional heirs at law and beneficiaries must be listed on page 1A.*

*Form PC-9.1, Waiver, if applicable.*

**Applicant:** To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Notary:**

Name of Notary \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the applicant, 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 \_\_\_\_\_ Date \_\_\_\_\_

Commission ID# \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_ Notary Seal \_\_\_\_\_

**Deceased left the following surviving spouse and heirs at law:**

(Indicate any minors or incompetents.)

NAME	RELATIONSHIP	ADDRESS

*You may provide additional attachments, if necessary.*

**DECREE**

*Upon hearing, it is hereby ordered and decreed:*

**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 \_\_\_\_\_

*is/are hereby appointed to administer the estate of deceased upon filing bond.*

Bond Fixed at: \$ \_\_\_\_\_

With Surety \_\_\_\_\_

Without Surety \_\_\_\_\_

*Appointed **APPRAISER(S)**:  Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.*

**Appraiser Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**Co-Appraiser Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

*Appointed **RESIDENT AGENT***

**Resident Agent Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

*Form PC-3.5, Appointment of Resident Agent, if required.*

**Entered as an order and decree of the court on:**

Probate Judge \_\_\_\_\_

Date \_\_\_\_\_

Signature of Probate Judge \_\_\_\_\_