



## ANCILLARY PETITION

RIGL 33-7-21

(ATTACH AUTHENTICATED COPIES OF ORIGINAL PROBATE FILE)

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 \_\_\_\_\_RI Personal Estate  
Estimated at \$ \_\_\_\_\_☐ UnknownResided in  
City/Town/State \_\_\_\_\_

Date of Death \_\_\_\_\_

**Petitioner:**

Name \_\_\_\_\_

Relationship to  
Deceased \_\_\_\_\_Street  
Address \_\_\_\_\_

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

State \_\_\_\_\_

Zip

Code \_\_\_\_\_

Phone

Number \_\_\_\_\_

**Respectfully requests:**

The accompanying authenticated copy of the probate file of the Deceased, which operates on an estate in this city/town may be filed and recorded in the office of the clerk and that letters testamentary or administration c.t.a. may be issued in Rhode Island to:

**Name of  
Nominee** \_\_\_\_\_Relationship to  
Deceased \_\_\_\_\_Street  
Address \_\_\_\_\_

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

State \_\_\_\_\_

Zip

Code \_\_\_\_\_

Phone

Number \_\_\_\_\_

**Name of Co-  
Nominee** (if any) \_\_\_\_\_Relationship to  
Deceased \_\_\_\_\_Street  
Address \_\_\_\_\_

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

State \_\_\_\_\_

Zip

Code \_\_\_\_\_

Phone

Number \_\_\_\_\_

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

(Indicate any minors or incompetents.)

NAME

RELATIONSHIP

ADDRESS

Spouse

Form PC-9.1, Waiver, if applicable.

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

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

Signature of Petitioner \_\_\_\_\_

Date \_\_\_\_\_

**Notary:**

Name of Notary \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the petitioner, 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 \_\_\_\_\_

(Indicate any minors or incompetents.)

**ADDRESS**[illegible]

*You may provide additional attachments, if necessary.*

**DECREE**

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

**Name**

Street  
Address

City/Town

State

Zip  
Code

Email

Phone  
Number

**Name**

Street  
Address

City/Town

State

Zip  
Code

Email

Phone  
Number

*is/are hereby appointed:*    ☐ executor    ☐ co-executor    ☐ other

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