



PETITION FOR PROBATE OF WILL

RIGL 33-22-2

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 City/Town _____ Date of Death (Died Testate) _____

Petitioner:

Name _____ Relationship to Deceased _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Respectfully requests:

(or any other suitable person be appointed to administer.)

The accompanying instrument dated _____ (date the Will and/or Codicil was signed) may be admitted to Probate as the last will and testament of the deceased and that: letters testamentary OR letters of administration c.t.a may be issued to:

Name of Nominee _____ Relationship to Deceased _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

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

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Deceased left the following surviving spouse and heirs at law who would inherit had Deceased died intestate and beneficiaries under the will:
(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:
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 _____

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 _____

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 _____

letters testamentary letters of administration c.t.a. 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 _____