

**FOREIGN WILL**RIGL 33-7-25

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 _____Date of Death
(Died Testate) _____**Petitioner:**

Name _____

Relationship to
Deceased _____

Street Address _____

City/Town _____

State _____

Zip

Code _____

Phone

Number _____

Respectfully requests:

The accompanying authenticated copy of the Will 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 may be issued in Rhode Island to:

**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 who would inherit had deceased died intestate:

(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 statements in the documents 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 Agent, if applicable.

Entered as an order and decree of the court on:

Probate Judge

Date

Signature of
Probate Judge