



RESIGNATION

RIGL 33-18-4

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

The undersigned respectfully resigns as:

**Title of
Fiduciary**

**Name of
Fiduciary**

**Street
Address**

City/Town

State

Zip Code

Email

**Phone
Number**

**Signature
of Fiduciary**

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**

Date

Commission ID#

Commission Expiration Date

Notary Seal

Decree:

Upon hearing, it is hereby ordered and decreed:

The Fiduciary's resignation is **ACCEPTED**. The Fiduciary shall not be discharged until the allowance of a final account and the transfer of all assets and records to the Successor Fiduciary.

Entered as an order and decree of the court on:

Probate Judge

Date

**Signature of
Probate Judge**