



AFFIDAVIT OF REAL PROPERTY

RIGL 33-3-14

STATE OF RHODE ISLAND	
County of	_____
Estate of	_____
Alias	_____

PROBATE COURT OF THE	
City or Town of	_____
No.	_____

The undersigned upon oath, hereby certify:

That the Decedent, _____ died testate or intestate on _____
(name of decedent) (date)

and that *(check one)*:

as of the date of death, the Decedent did not own any real estate

the real estate was sold during the administration of the estate

a duly recorded Certificate of Devise or Descent shall be filed with the probate court

and the Decedent's estate will be closed by Affidavit of Complete Administration (or final accounting) by its personal representative.

Name of Fiduciary	_____
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 Public	_____				Date	_____
Commission ID#	_____	Commission Expirate Date	_____	Notary Seal	_____	