



AFFIDAVIT OF NOTICE TO CREDITORS

RIGL 33-11-5.1

AND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

(IF APPLICABLE)

RIGL 33-11-5.1(c)

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

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

The undersigned, upon oath, pursuant to [RIGL 33-11-5.1](#), hereby certifies:
 Notice has been given to all known or easily ascertainable creditors and to the Executive Office of Health and Human Services, if applicable.

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 Expiration Date _____ Notary Seal _____