



SUPPLEMENTAL INVENTORY

RIGL 33-9-1

DATE FILED

FOR
COURT USE ONLY

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

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

List additional personal property for Estate:	
DESCRIPTION OF ASSET	VALUE OF ASSET (\$)
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

List additional personal property and real estate for Guardianship:	
DESCRIPTION OF ASSET	VALUE OF ASSET (\$)
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Name of Fiduciary _____	Name of Appraiser _____
Signature of Fiduciary _____	Signature of Appraiser _____

Name of Fiduciary _____	Name of Appraiser _____
Signature of Fiduciary _____	Signature of Appraiser _____

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 _____