



**CERTIFICATE OF DEVISE OR DESCENT**

*RIGL 33-9-29*

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

The undersigned, upon oath, hereby certifies:  
That ("Deceased") \_\_\_\_\_  
(name of deceased)

died Testate  Intestate  on \_\_\_\_\_ (date) and that as of his or her date of death, deceased owned the real estate described on Exhibits attached hereto and incorporated herein by reference ("realty"). Deceased's estate has been closed or will be closed by affidavit of complete administration or final accounting by deceased's personal representative and that the realty, or part thereof, is devised, distributed, set out, legally divided or descends to:

Name	Share
_____	_____
Address	
_____	
Name	Share
_____	_____
Address	
_____	
Name	Share
_____	_____
Address	
_____	

**Name of Fiduciary** \_\_\_\_\_

Signature of Fiduciary \_\_\_\_\_ Date \_\_\_\_\_

**Notary:**

Name of Notary \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the fiduciary, 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 \_\_\_\_\_

**ATTACH LEGAL DESCRIPTION**