



STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____

PROBATE COURT OF THE

City or Town of _____
No. _____

Respectfully represents that

Name of Absentee _____ Resided in (City/Town) _____
Date of _____ Personal estate estimated at: \$ _____
Absence _____ ☐ Assets unknown
whose whereabouts have been unknown for more than one year.

Petitioner:

Name _____ Relationship to Absentee _____
Street Address _____
City/Town _____ State _____ Zip Code _____ Phone Number _____

Respectfully requests that:

Name of Nominee _____ Relationship to Absentee _____
Street Address _____
City/Town _____ State _____ Zip Code _____
E-mail _____

Name of Co-Nominee _____ Relationship to Absentee _____
Street Address _____
City/Town _____ State _____ Zip Code _____
E-mail _____

or any other suitable person be appointed to administer. *Attach Form PC-9.1, Waiver, if applicable.*

Absentee left the following spouse and heirs at law (Indicate any minors or adults with impediments):

Name	Relationship	Address
_____	Spouse	_____
_____		_____
_____		_____

You may provide additional attachments, if necessary.

Petitioner: To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.

Signature of _____ Date _____
Petitioner

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 _____ Date _____
Notary Public

Commission ID# _____ Commission Expiration Date _____ Notary Seal _____

DECREE

Upon hearing, it is hereby ordered and decreed:

Appointed RECEIVER(S):

**Appointed
Receiver**

Street
Address

City/Town

State

Zip
Code

Email

Phone
Number

**Appointed
Receiver**

Street
Address

City/Town

State

Zip
Code

Email

Phone
Number

Bond Fixed at: \$

☐ With Surety

is/are hereby appointed to administer the estate of absentee person upon filing of court-ordered bond as RECEIVER of the property of the above named absentee whose whereabouts have been unknown for more than one year, he/she having disappeared from his/her usual place of residence.

☐ Without Surety

Appointed APPRAISER(S): ☐ Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.

**Appraiser
Name**

Street
Address

City/Town

State

Zip
Code

Email

Phone
Number

**Co-Appraiser
Name**

Street
Address

City/Town

State

Zip
Code

Email

Phone
Number

Appointed RESIDENT AGENT:

**Resident
Agent Name**

Street
Address

City/Town

State

Zip
Code

Email

Phone
Number

Entered as an order and decree of the court on:

Probate Judge

Date

Signature of
Probate Judge