



UNIVERSAL APPOINTMENT BOND

(With Corporate Surety) *RIGL 33-17-10*

FILED DATE

FOR
COURT USE ONLY

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

I/We, the undersigned, as Principal(s):

Fiduciary Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Co-Fiduciary Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

and as Surety(ies):

Bonding Agent Name Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

Is/are holden and stand firmly bounden and obliged unto said Court in the full sum of \$ _____ to be paid thereto; to the true payment whereof I/we bind myself/ourselves, my/our successors, heirs, executors and administrators jointly and severally firmly by these presents.

Date of execution _____

THE CONDITION OF THE OBLIGATION IS SUCH, that if the above bonded principal, the duly appointed (check one)

Executor Administrator Guardian Other _____

shall faithfully perform his/her duties according to law as such fiduciary.

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

Signature of Fiduciary _____ Date _____

Signature of Fiduciary _____ Date _____

Signed in the presence of:

Signature of Surety _____ Date _____

Witness _____ Date _____

Signature of Surety _____ Date _____

Witness _____ Date _____

Corporate Surety Agreement with Seal Attached