

DATE FILED FOR COURT USE ONLY

ACCEPTANCE/DECLINATION RIGL 33-8-4

| STATE OF RHODE ISLAND | | | | | | |
|--|----------------------------|-----------------|------------|--------------------------------|--|--|
| County of | | PROBATE CO | URT OF THE | | | |
| Estate of | | City or Town of | | | | |
| Alias | | No. | | | | |
| | | | | | | |
| The undersigned named (ch | eck one): | | | | | |
| Executor(s)/Executrix(tric | es) | | | | | |
| Administrator(s)/Administ | ratrix(trices) | | | | | |
| Other | | | | | | |
| Fiduciary Name | | | | | | |
| Street Address | | | | | | |
| City/Town | | State | | Zip Code | | |
| Email | | Phone Number | | | | |
| Co-Fiduciary Name | | | | | | |
| Street Address | | | | | | |
| City/Town | | State | | Zip Code | | |
| Email | | Phone Number | | | | |
| Decline(s) said trust: | | | | | | |
| Signature of Person Declining | | | | _ | | |
| Notary: | | | | | | |
| Name of Notary | | State | County | | | |
| On day of | | | · · | 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 | | | | |
| | | | | | | |

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| Decline(s) said trust: | | | | |
|---|-------------------------------------|-------------------|------------------------|---|
| Signature of Person Declining | | | | |
| Notary: | | | | |
| Name of Notary | | State | County | |
| On day of | , 20 the person of | declining, known | to me or proved t | hrough satisfactory evidence, |
| signed the document in my prese Signature of Notary Public | nce and swore or affirmed the state | ment(s) in the do | ocuments is/are tr | uthful and accurate. Date |
| Commission ID# | Commission Expiration Date | Notary Seal | | |
| Accepts said trust: | | , | | |
| Signature of Executor/Executr | ix or Adminstrator/Administratrix | | | Date |
| Notary: | | | | |
| Name of Notary | | State | County | |
| On day of | , 20 the executo | r/executrix or ad | ministrator/admini | stratrix, known to me or proved |
| | ned the document in my presence a | | | |
| truthful and accurate. Signature of Notary Public | | | | Date |
| Commission ID# | Commission Expiration Date | Notary Seal | | |
| | | | | |
| Accepts said trust: Signature of Executor/Executr | ix or Adminstrator/Administratrix | | | Date |
| Notary: | | | | |
| Name of Notary | | State | County | |
| • | , 20 the executo | | | stratrix, known to me or proved nt(s) in the documents is/are |
| truthful and accurate. Signature of Notary Public | | | | Date |
| Commission ID# | Commission Expiration Date | Notary Seal | | |
| | | | | |

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