



ACCEPTANCE/DECLINATION

RIGL 33-8-4

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

The undersigned named (check one):

Executor(s)/Executrix(trices)

Administrator(s)/Administratrix(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 _____, 20____ the person declining, 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 _____

Decline(s) said trust:

Signature of Person Declining _____

Notary:

Name of Notary _____

State _____

County _____

On ____ day of _____, 20 ____ the person declining, 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 _____

Accepts said trust:

Signature of Executor/Executrix or Administrator/Administratrix _____

Date _____

Notary:

Name of Notary _____

State _____

County _____

On ____ day of _____, 20 ____ the executor/executrix or administrator/administratrix, 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 _____

Accepts said trust:

Signature of Executor/Executrix or Administrator/Administratrix _____

Date _____

Notary:

Name of Notary _____

State _____

County _____

On ____ day of _____, 20 ____ the executor/executrix or administrator/administratrix, 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 _____