



ACCOUNT
RIGL 33-14-1 et. seq.

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

THE _____ **ACCOUNT for the period from** _____ **to** _____

(number of account) (date) (date)

Schedule A (Received) \$ _____

Schedule B (Paid Out) \$ _____

Schedule C (Balance/Zero for Final Account) \$ _____

MUST BE ADVERTISED.

Signature of Fiduciary	_____	Signature of Co-Fiduciary	_____
Name of Fiduciary	_____	Name of Co-Fiduciary	_____
Title of Fiduciary	_____	Title of Co-Fiduciary	_____

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 Notary Public _____ Date _____

Commission ID# _____ Commission Expiration Date _____ Notary Seal _____

Entered:

Probate Judge

Signature of Probate Judge _____ Date _____

SCHEDULE A

Amount of personal estate according to inventory; or balance of next prior account: \$ _____

Amount received from gain on sale of personal estate over appraised value and from other property as follows: \$ _____

Number	Date	Description	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$ _____

SCHEDULE B

Here follows the settlement of all claims filed with the clerk and not previously accounted for; either by payment in full or in part or by abandonment by the creditor after disallowance: together with all other debts and expenses incurred in the administration of the accounting period.

Number	Date	Description of payments, charges, losses, and distributions	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

No. _____

SCHEDULE C

This Schedule contains all items of personal property now in possession of the fiduciary, including cash and bank accounts.

Number	Date	Description of payments, charges, losses, and distributions	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$