



CERTIFICATION OF ACCOUNTING

RIGL 33-14-2.2

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

The undersigned _____ attorney,
(name of attorney)

and _____
(name of fiduciary)

and _____, fiduciary(ies)
(name of co-fiduciary, if any)

hereby certify that the within accounting was prepared based on information which each of the undersigned have personally examined, and further certify that, to the best of our knowledge and belief of each of the undersigned, the within is a true and accurate representation of the account(s) of the estate for the period indicated.

Name of Attorney _____

Signature of Attorney _____ Date _____

Name of Fiduciary _____

Signature of Fiduciary _____ Date _____

Name of Co-Fiduciary _____

Signature of Co-Fiduciary _____ Date _____

Notary:

Name of Notary _____ State _____ County _____

On _____ day of _____, 20____ the attorney/fiduciary, 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 _____