



STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Name and address of fiduciary(ies):

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 _____

The undersigned upon oath depose(s) and say(s) that all administration charges and claims filed have been adjusted and settled; that all estate and inheritance taxes have been satisfied; that the funeral bill has been paid; that the personal estate has been completely distributed; that there are NO ASSETS REMAINING IN:

Fiduciary Name _____ **Fiduciary Name** _____

fiduciary(ies) care and custody as: Executor(s) Administrator(s)

All as shown by evidence hereto attached:

1. (check one) Receipted inheritance tax bill Certificate of no tax
2. Receipted funeral bill from: Name of Funeral Home _____
3. Claims of: Name of Claimant _____
Name of Claimant _____
4. Releases of: Name of Heir/Legatee _____
Name of Heir/Legatee _____

Fiduciary:

Signature of Fiduciary _____ Date _____

Signature of Fiduciary _____ Date _____

Notary:

Name of Notary _____ State _____ County _____

On _____ day of _____, 20____ the fiduciary(ies), 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 _____

Probate Clerk:

Probate Clerk _____ Date _____

Probate Clerk Signature _____