



**GENERAL RELEASE**

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

(name of beneficiary/creditor) (city/town)

State of \_\_\_\_\_ for the following described consideration paid to me or distributed to me by:

**Name of Fiduciary** \_\_\_\_\_ **Title** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

**Name of Co-Fiduciary** \_\_\_\_\_ **Title** \_\_\_\_\_

(if any)

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

in the above named estate acknowledge receipt thereof:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do hereby release and forever discharge the said fiduciary and his/her sureties, heirs and personal representatives from all debts, demands, actions and liabilities whatsoever, which the said fiduciary has or ever had on account of the estate of said:

\_\_\_\_\_

(name of estate)

Signature of Beneficiary/Creditor \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_