



STIPULATION

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

In the above-entitled matter, it is hereby stipulated as follows:

Name of
Attorney _____

Firm of
Attorney _____

Street
Address _____

City/Town _____

State _____

Bar
Number _____

Zip Code _____

E-mail _____

Phone
Number _____

Signature of
Attorney _____

Date _____

Name of
Attorney _____

Firm of
Attorney _____

Street
Address _____

City/Town _____

State _____

Bar
Number _____

Zip
Code _____

E-mail _____

Phone
Number _____

Signature of
Attorney _____

Date _____

Entered as an order and decree of the court on:

Name of
Probate Judge _____

Signature of
Probate Judge _____

Date _____