

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE _____
No. _____
Date _____

ADMINISTRATION PETITION

Respectfully represents that:

Name of Deceased: _____ Personal estate estimated at: \$ _____
Name of Deceased

Resided in: _____ Died Intestate: _____
City/Town of Residence Date of death

Your petitioner:

Name _____ Relationship to Deceased _____
No. _____ Street _____
City/Town _____ State _____ Zip _____ Phone Number _____

Respectfully requests that:

Name of Nominee _____ Relationship to Deceased _____ Name of Co-Nominee (if any) _____ Relationship to Deceased _____
No. _____ Street _____ No. _____ Street _____
City/Town _____ State _____ Zip _____ Phone Number _____ City/Town _____ State _____ Zip _____ Phone Number _____

or any other suitable person be appointed to administrate.

Deceased left the following surviving spouse and heirs at law: (Indicate any minors or incompetents.)

NAME	ADDRESS	RELATIONSHIP
		(spouse)

Attach form PC—9.1, Waiver, if applicable.

The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Signature of petitioner

Sc.

Date

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name)

Notary public signature

DECREE

Upon hearing, it is hereby ordered and decreed:

Name	Name
No. Street	No. Street
City/Town State Zip Phone Number	City/Town State Zip Phone Number

are hereby appointed to administrate the estate of deceased upon filing bond.

Bond fixed at: \$ _____

With surety _____
 Without surety _____ (if with surety, indicate type)

hereby appointed appraiser of the personal estate of deceased.

Appointed APPRAISER(s): (if different from above)

Name	Name
No. Street	No. Street
City/Town State Zip Phone Number	City/Town State Zip Phone Number

Appointed AGENT(s):

Name	Name
No. Street	No. Street
City/Town State Zip Phone Number	City/Town State Zip Phone Number

Entered as an order and decree of the court on:

Date	Probate Judge
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Attorney of record:

Advertised Dates (or copy of ad)

Name	Bar Number
No. Street	
City/Town State Zip Phone Number	
