

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE _____
No. _____
Date _____

[] ADMINISTRATION DE BONIS NON.
or
[] ADMINISTRATION DE BONIS NON CUM TESTAMENTO ANNEXO
(check one)

Personal estate estimated at: \$ _____

Your petitioner being: _____
Name Relationship to the Deceased

respectfully represents that _____
Name of Former Fiduciary

has: [] died [] resigned [] been removed (check one)

without having: [] fully administered said estate [] fully executed the will (check one)

Wherefore, I request 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 administer the estate not yet administered.

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

Date

Sc.

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 administer the estate not already administered:

Bond fixed at: \$ _____

[] With surety _____

[] Without surety (if with surety, indicate type)

[] With the will annexed (check if appropriate)

Entered as an order and decree of the court on:

Date

Probate Judge