

## STATE OF RHODE ISLAND

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

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

Alias \_\_\_\_\_

## PROBATE COURT OF THE

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

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

**Respectfully represents:**

Name of

Deceased \_\_\_\_\_

Date of Death

(Died Testate) \_\_\_\_\_

Address: \_\_\_\_\_

**Petitioner:**

Name \_\_\_\_\_

Relationship to

Deceased \_\_\_\_\_

Street \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Code \_\_\_\_\_

Phone \_\_\_\_\_

Number \_\_\_\_\_

**does on oath affirm, attest, and say that:**

1. He/She is of full age and legal capacity. (An executor or alternate executor may reside outside the State of Rhode Island. All other petitioners must be residents of Rhode Island pursuant to [RIGL 33-24-2\(A\)](#).)

2. That more than thirty (30) days have passed since the death and that no Petition for Probate of the Will has been filed in the city or town in which the Deceased resided.

3. The following persons would inherit under the provisions of [Rhode Island General Laws 33-1-1 et seq.](#) in case of intestacy.

Name

Relationship

Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Attached to this affidavit and made a part of it is a schedule of all assets owned by the deceased as of his/her date of death, with the value as of date of death listed, and that said assets consist of personal property only and does not exceed \$15,000.00 in value, exclusive of all tangible personal property.

5. The deceased owned no real estate at the time of their death.

6. That pursuant to the original Last Will and Codicils, if any, filed herewith, the following beneficiaries would take under its provisions:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

7. That the undersigned will act as Voluntary Informal Executor(s) for the Deceased and will administer the Estate according to law and apply the proceeds of the Estate in conformity with the provisions of [RIGL 33-24-2\(f\)](#), including the payment of the funeral bill.

In Witness Whereof I/we sign this petition on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(day) (month) (year)

<b>Name of Affiant</b>	Signature of Affiant	
Street Address		
City/Town	State	Zip Code
Email	Phone Number	
<b>Name of Co-Affiant</b>	Signature of Affiant	
Street Address		
City/Town	State	Zip Code
Email	Phone Number	

**Notary:**

Name of Notary \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the petitioner, 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 \_\_\_\_\_

**Reviewed and approved:**

Probate Judge \_\_\_\_\_ Date \_\_\_\_\_

Signature of Probate Judge \_\_\_\_\_

**Certified:**

Probate Clerk \_\_\_\_\_ Date \_\_\_\_\_

Signature of Probate Clerk \_\_\_\_\_

**SCHEDULE OF PERSONAL PROPERTY TITLED SOLELY IN DECEASED'S NAME**

**Description of Assets**

**Value**

(Not to exceed \$15,000.00. No real estate or tangible personal property.)


**Total** (Not to exceed \$15,000.00)