| | (02) Petition for Voluntary Informal Adminis | <u>stration</u> | | | Date filed: | | | |
|-----------------------|--|--|---|--|---|-------------------|-------------|--|
| STATE OF RHODE ISLAND | | | | Date filed:Court use only | | | | |
| | of | | _ | OBATE CO | URT OF THE | | | |
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| 7 1114 5 | | | _ 110. | | | Date | e | |
| | PETITION FOR | VOLUNT | ARY INF | ORMAL A | DMINISTRATIO | N | | |
| | | | | .L. 33-24.1) | | | | |
| Name o | f Deceased: | | | | | | | |
| | | | | | | | | |
| Address | s of Deceased: | | City/T | awa. | State Zip | | | |
| | | | | JWII | State Zip | | | |
| Died: | Date of Death | | | | | | | |
| | | | | | | | | |
| , | | | | | C.I. D | 1 1 | (1) | |
| | The Undersigned, the | (Rela | tionship to Decea | sed) | of the Deceas | ea, aoes | (do) on | |
| | | | | | | | | |
| | | | | | | | | |
| Oath aff | firm, attest, and say that: | | | | | | | |
| Oath aff | firm, attest, and say that: | | | | | | | |
| Oath aff | firm, attest, and say that: | | | | | | | |
| Oath aff | Firm, attest, and say that: He/She/They is/are of full ag | ge, legal capac | city, and a r | esident of the S | State of Rhode Island. | | | |
| 1. | He/She/They is/are of full ag | | • | | | ea of the V | Will bac | |
| | He/She/They is/are of full ag That more than thirty (30) da | ays have passo | ed since the | death and that | | e of the V | Will has | |
| 1. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town | ays have passon in which the | ed since the Deceased r | death and that esided. | no Petition for Probat | | | |
| 1. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno | ays have passon in which the | ed since the Deceased r | death and that esided. | no Petition for Probat | | | |
| 1. 2. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town | ays have passon in which the | ed since the Deceased r | death and that esided. | no Petition for Probat | | | |
| 1. 2. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno | ays have passon in which the | ed since the Deceased r | death and that esided. | no Petition for Probat | | | |
| 1. 2. 3. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas | ays have passon in which the ows, the followse of intestacy | ed since the Deceased raining person | death and that esided. s would inherit | no Petition for Probat t under the provisions | of Rhode | Island | |
| 1. 2. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas | ays have passon in which the | ed since the Deceased r | death and that esided. | no Petition for Probat | | | |
| 1. 2. 3. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas | ays have passon in which the ows, the followse of intestacy | ed since the Deceased raining person | death and that esided. s would inherit | no Petition for Probat t under the provisions | of Rhode | Island | |
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| 1. 2. 3. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas Rel | ays have passon in which the lows, the follows of intestacy lationship | ed since the Deceased rawing person v: No. | death and that resided. s would inherit | no Petition for Probate tunder the provisions City/Town | of Rhode State | Island Zip | |
| 1. 2. 3. | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas Rel | ays have passon in which the ows, the followse of intestacy | ed since the Deceased rawing person 7: | death and that resided. s would inherit | no Petition for Probat t under the provisions City/Town | of Rhode State | Island Zip | |
| 1. 2. 3. Name Name | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas Rel Rel | ays have passon in which the lows, the follows of intestacy lationship | ed since the Deceased range person 7: No. No. | death and that resided. s would inherit Street Street | no Petition for Probate tunder the provisions City/Town City/Town | State State | Zip Zip Zip | |
| 1. 2. 3. Name | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas Rel Rel | ays have passon in which the lows, the follows of intestacy lationship | ed since the Deceased rawing person v: No. | death and that resided. s would inherit Street | no Petition for Probate tunder the provisions City/Town | of Rhode State | Zip Zip | |
| 1. 2. 3. Name Name | He/She/They is/are of full ag That more than thirty (30) da been filed in the city or town That as far as the affiant kno General Laws 33-1-10 in cas Rel Rel Rel | ays have passon in which the lows, the follows of intestacy lationship | ed since the Deceased range person 7: No. No. | death and that resided. s would inherit Street Street | no Petition for Probate tunder the provisions City/Town City/Town | State State | Zip Zip Zip | |

4. That as far as the affiant knows, 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 do not exceed Fifteen Thousand (\$15,000.00) Dollars (exclusive of all tangible personal property).

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| In witness whereof I/we s | sign this petition on the | | day of | |
|----------------------------------|---------------------------|-----------------|-----------------|--------------|
| | | Day | | Month |
| e of Affiant | | Name of Affiant | | |
| Street | | No. | Street | |
| Town State | Zip Phone Number | City/Town | State Zip | Phone Number |
| ATE OF RHODE ISLAN S.C. | | | | |
| In | on this | | day of | |
| City/Town | n | Day | - | Month |
| | | | | |
| Notary public (please print name | ;) | Notary pu | ıblic signature | |
| Notary public (please print name | 2) | Notary pu Date | ıblic signature | |
| Notary public (please print name | 2) | | ıblic signature | |
| Notary public (please print name | z) | | iblic signature | |
| Notary public (please print name | 2) | | iblic signature | |
| | e) | | ablic signature | |
| oproved/ | 2) | | ablic signature | |
| pproved/ eviewed: | Probate Judge | | Date | |
| Notary public (please print name | | | | |

SCHEDULE OF PERSONAL PROPERTY TITLED SOLELY IN DECEASED'S NAME

(not to exceed \$15,000.00 – no real estate, motor vehicles, or tangible personal property)

| Description of Personal Property | <u>Value</u> | | |
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