



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)

Name of Affiant _____ Street Address _____ City/Town _____ Email _____	Signature of Affiant _____ State _____ Zip Code _____ Phone Number _____
Name of Co-Affiant _____ Street Address _____ City/Town _____ Email _____	Signature of Affiant _____ State _____ Zip Code _____ 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)