

**STATE OF RHODE ISLAND**

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

**PROBATE COURT OF THE**

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

Alias \_\_\_\_\_

Alias \_\_\_\_\_

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

Date

**PETITION FOR VOLUNTARY INFORMAL ADMINISTRATION**

(Pursuant to R.I.G.L. 33-24.1)

Name of Deceased: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

No. Street City/Town State Zip

Died: \_\_\_\_\_

Date of Death

The Undersigned, the \_\_\_\_\_ of the Deceased, does (do) on  
(Relationship to Deceased)

Oath affirm, attest, and say that:

1. He/She/They is/are of full age, legal capacity, and a resident of the State of Rhode Island.
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. That as far as the affiant knows, the following persons would inherit under the provisions of Rhode Island General Laws 33-1-10 in case of intestacy:

\_\_\_\_\_  
Name Relationship No. Street City/Town State Zip

\_\_\_\_\_  
Name Relationship No. Street City/Town State Zip

\_\_\_\_\_  
Name Relationship No. Street City/Town State Zip

\_\_\_\_\_  
Name Relationship No. Street City/Town State Zip

\_\_\_\_\_  
Name Relationship No. Street City/Town State Zip

*(if additional space is needed, attach a separate sheet)*

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).

5. That the undersigned will act as Voluntary Administrator(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 this Section of the Rhode Island General Laws (including the payment of the Funeral Bill).

In witness whereof I/we sign this petition on the \_\_\_\_\_ day of \_\_\_\_\_.

Day

Month

Name of Affiant

Name of Affiant

No. Street

No. Street

City/Town State Zip Phone Number

City/Town State Zip Phone Number

STATE OF RHODE ISLAND  
S.C.

In \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

City/Town

Day

Month

there personally appeared \_\_\_\_\_

Name(s) of Affiant(s)

known to me to be the person(s) signing this affidavit and he/she/they acknowledged said affidavit, by him/her/them signed to be his/her/their free act and deed.

Notary public (please print name)

Notary public signature

Date

Approved/  
Reviewed: \_\_\_\_\_  
(circle one) Probate Judge

\_\_\_\_\_ Date

Certified: \_\_\_\_\_  
Probate Clerk

\_\_\_\_\_ Date

