

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

REMOVAL PETITION

Respectfully represents your petitioner that: _____
Name of Fiduciary

who on: _____ duly qualified as fiduciary:
Date

- (check one) has become incapable of executing said trust
- has neglected and refused to do the duties thereof
- has wasted said estate
- other reason: _____

Wherefore your petitioner, being a party in interest requests that said fiduciary may be removed and that the following person(s) may be appointed to complete said trust:

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	

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

(continued on next page)

DECREE

Upon hearing, it is hereby ordered and decreed:

It appearing that good and sufficient cause exists,

_____ is forthwith removed and
Name of Current Fiduciary

_____ of _____
Name of Successor Fiduciary No. Street

in _____
City/Town State Zip (Phone Number)

And: (optional additional nominee)

_____ of _____
Name of Nominee No. Street

in _____
City/Town State Zip (Phone Number)

is/are appointed to succeed.

Bond fixed at: \$ _____ [] With surety _____
[] Without surety (if with surety, indicate type)

Entered as an order and decree of the court on:

_____ Date

_____ Probate Judge