

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

PETITION FOR COMMISSION – WILL

Respectfully represents the undersigned that certain subscribing witnesses to the will of the deceased dated: _____

Date of Will

are unable to appear due to: *(check one)*

[] absence from the state [] illness

[] other _____

Your petitioner requests that a commission may be issued directed to:

Name of Commissioner

No. Street

City/Town

State

Zip

Phone Number

for the purpose of taking the deposition of:

Name of Witness

Name of Witness

No. Street

No. Street

City/Town

State

Zip

Phone Number

City/Town

State

Zip

Phone Number

to be used in the probate of said will.

Signature of Fiduciary

Signature of Fiduciary

Signature of Fiduciary

DECREE

Upon hearing, the petition is granted, and the commission to depose witness(es) shall issue as requested.

Date

Probate Judge