PC-7.5 (11/02, formerly SW-33) Statement Disallowing Claims

Date filed: _____
Court use only

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE

_____

No. _____ _____
Date

STATEMENT DISALLOWING CLAIMS

The undersigned hereby disallows the following claims filed in the office of the clerk.

CLAIMANT	AMOUNT OF CLAIM

_____
Signature of Fiduciary

_____
Signature of Fiduciary

_____
Title of Fiduciary

_____
Title of Fiduciary