PC-1.3 (11/02) Petition to File Will with No Assets

Date filed: _____
Court use only

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE

_____

No. _____ _____
Date

PETITION TO FILE WILL WITH NO ASSETS

_____
Name of Petitioner Relationship to Deceased

_____
No. Street

_____
City/Town State Zip Phone Number

I, being duly sworn, upon my oath depose and say:

That I am: [ ] relative [ ] friend [ ] other _____
(check one)

of the late: _____ who died a resident of _____
Name of Deceased Town of Residence

on _____.
Date of Death

That upon his/her death, the deceased left a Last Will and Testament dated _____ which is attached to this petition. That under Paragraph _____ of said Last Will and Testament I am named Executor of the estate: that there were no assets which require Probate Administration under the terms of the late _____ Last Will and Testament.
Name of Deceased

The funeral bill for deceased was paid in full on: _____
Date of Payment

Said will is presented to the Probate Court of the Town/City of _____
for filing pursuant to the provisions of Title 33 of the General Laws of the State of Rhode Island.

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