

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

FOREIGN WILL

Respectfully represents that:

Name of Deceased: _____ Personal estate estimated at: \$ _____
Name of Deceased

Resided in: _____ Died: _____
City/Town of Residence Date of death

Your petitioner:

Name Relationship to Deceased

No. Street

City/Town State Zip Phone Number

Respectfully requests that:

(check one)

The accompanying authenticated copy of the will of the deceased, which operates on an estate in this [] city [] town may be filed and recorded in the office of the clerk and that letters testamentary or administration c.t.a. may be issued in Rhode Island to:

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 City/Town State Zip Phone Number

Deceased left the following surviving spouse and heirs at law who would inherit had deceased died intestate: (Indicate any minors or incompetents.)

NAME	ADDRESS	RELATIONSHIP
		(spouse)

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

