

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

**PROBATE COURT OF THE**

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

Alias \_\_\_\_\_

No. \_\_\_\_\_

Date

**ACCEPTANCE/DECLINATION**

The undersigned named as:

*(Check one)*

Executor(s)

Administrator(s)

Other: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
City/Town State Zip Phone Number

\_\_\_\_\_  
City/Town State Zip Phone Number

Accept(s) said trust  Decline(s) said trust  
*(Check one)*

\_\_\_\_\_  
Signature of Executor(s) or Administrator(s)

\_\_\_\_\_  
Signature of Executor(s) or Administrator(s)