

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

GENERAL RELEASE

I, _____ of _____,
Name of Beneficiary City/Town

State of _____ for the following
State

described consideration paid to me or distributed to me by:

Name of Fiduciary Title Name of Co-Fiduciary (if any) Title

No. Street No. Street

City/Town State Zip Phone Number City/Town State Zip Phone Number

in the above named estate acknowledge receipt thereof:

I do hereby release and forever discharge the said fiduciary and his/her sureties, heirs and personal representatives from all debts, demands, actions and liabilities whatsoever, which against the said fiduciary

I now have, or ever had for or on account of the estate of said:

Name of Estate

Signature of Estate Beneficiary

Witness

Date