

PETITION FOR VOLUNTARY ADMINISTRATION

(Pursuant to RI General Laws 33-24.1)

**STATE OF RHODE ISLAND
PROBATE COURT**

ESTATE NO. _____

Name of Decedent _____

Address of Decedent _____

Date of Death _____

The undersigned, _____

(Relationship to the decedent)

of the Decedent, does (do) on oath affirm, attest and say that:

1. He/She/They is/are of full age, legal capacity and a resident of the State of Rhode Island. *(Attach Rhode Island Agent form if necessary)*
2. That more than thirty (30) days has passed since the date of death and that no Petition for Probate has been filed in the city or town in which the Decedent resided.
3. That as far as the affiant knows, the following persons would inherit under the provisions of Rhode Island General Laws 33-1-10 in the case of intestacy:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

(If more space is needed, attach a separate paper)

4. That as far as the affiant knows, the following persons are joint owners of property with the deceased.

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

(If more space is needed, attach a separate paper)

5. That as far as the affiant knows, attached to this affidavit and made a part of it is a schedule of all assets owned by the deceased as of his/her date of death including any jointly held assets, with the value as of the date of death listed, and that said assets consist of personal property only and do not exceed Fifteen Thousand (\$15,000.00) Dollars (exclusive of motor vehicles).

6. That the undersigned will act as Voluntary Administrator(s) for the deceased and will administer the Estate according to law and apply the proceeds of the Estate in conformity with the provisions of this Section of the Rhode Island General Laws (including payment of the Funeral Bill).

In Witness Whereof, I/We sign this petition on the _____ day of _____, 19 .

NAME OF AFFIANT: _____

ADDRESS: _____

NAME OF AFFIANT: _____

ADDRESS: _____

STATE OF RHODE ISLAND
KENT, SC

In _____ on this _____ day of _____, 19
there personally appeared _____, known
by me to be the person(s) signing this affidavit and he/she/they acknowledged said
affidavit by him/her/they signed to be his/her/their free act and deed.

Notary Public

My Commission Expires: _____

APPROVED: _____
Probate Judge

Date: _____

CERTIFIED: _____
Probate Clerk

Date: _____

SCHEDULE OF PERSONAL PROPERTY OWNED SOLELY OR WITH OTHERS
BY THE DECEASED

(not to exceed \$15,000; excluding real estate or motor vehicles)

<u>Description of personal property</u>	<u>Other Owners(s)</u> (if applicable)	<u>Value</u>
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