

PC-1.1
Administration
formerly SW-3
R.I.G.L.33-8-8



This petition must be advertised unless all heirs agree to waive this requirement.



This appointment must be advertised. Form PC-3.6, Statement of Qualification, must be completed and filed with the estate files.



Form PC-9.2, Attorney of Record, should be completed and filed with the estate records.

This form has been photo-reduced to accommodate this Manual's dimensions. This form measures 8-1/2" x 14".



This form, upon proper petition, allows the appointment of an Administrator by the probate court having jurisdiction over the estate. This form is for those cases in the absence of a will and when the estate does not qualify under R. I. G. L. 33-24-1 "small estates".

The Attorney presents for filing:

- The petition, certified copy of the death record and proper fees.
- The names and post office addresses of guardian(s) for heir(s) at law under the age of 18.
- **If an heir at law is adjudged incompetent**, the name and post office address of the guardian(s) if any, and the name and address of the person or institution having the care or custody of the incompetent.
- **If no heirs are listed**, an affidavit under oath stating what efforts the petitioner has made to locate heirs at law.
- **Form PC-3.5, Appointment of Agent.**
- **Form PC-9.1, Waiver**, if advertising is waived.
- **Form PC-9.2, Attorney of Record**

The Probate Clerk:

- Gives a receipted bill.
- Assigns an estate number and hearing date.
- Advertises this petition if the petition is not waived by all the heirs.
- If advertising requirement is waived, prepares **Form PC-9.1, Waiver.**

Note: If the widow or surviving husband or the next of kin neglect to apply for letters of administration within thirty days after the decease of a person intestate, or are unsuitable for the discharge of the trust or renounce the administration, the Probate Court may, on petition of some party of interest, grant administration to any suitable person.

STATE OF RHODE ISLAND
County of _____
Estate of _____

PROBATE COURT OF THE
No. _____
Date _____

ADMINISTRATION PETITION

Respectfully represents that: Name of Decedent _____

Resided in _____ City/Town of Residence _____ Died Intestate _____ Date of Death _____

Personal Estate estimated at \$ _____

Your Petitioner:

Name _____ Relationship to Deceased _____
No. _____ Street _____
City/Town _____ State _____ ZIP _____

Respectfully requests that:

Name of Nominee _____ Relationship to Deceased _____
No. _____ Street _____
City/Town _____ State _____ ZIP _____

Name of Co-Nominee (if any) _____ Relationship to Deceased _____
No. _____ Street _____
City/Town _____ State _____ ZIP _____

or any other suitable person be appointed Administrator

Deceased left the following surviving spouse and heirs at law: (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.

_____ Sc. _____ Signature of Petitioner
_____ Date _____

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

DECREE

Upon hearing, it is hereby ordered and decreed:

Name _____			Name _____		
No.	Street		No.	Street	
City/Town	State	ZIP	City/Town	State	ZIP

are hereby appointed administrator and co-administrator of the estate of deceased upon filing bond.

Bond fixed at \$ _____

(Check one):

with _____ surety
Type

without surety

hereby appointed appraiser of the personal estate of deceased.

Appointed APPRAISER:

Name _____		
No.	Street	
City	State	ZIP

Entered as an order and decree of the court on

_____	_____
Date	Probate Judge