

STATE OF RHODE ISLAND

County of _____

PROBATE COURT OF THE

Estate of _____

Alias _____

Alias _____

No. _____

Date

RECEIVER

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

Your petitioner:

Name Relationship to Absentee

No. Street

City/Town State Zip Phone Number

Respectfully requests that:

Name of Nominee Relationship to Absentee Name of Co-Nominee (if any) Relationship to Absentee

No. Street No. Street

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

or any other suitable person be appointed RECEIVER OF THE PROPERTY of the above named absentee whose whereabouts have been unknown for more than one year, he/she having disappeared from his/her usual place of residence at:

No. Street

City/Town State Zip Phone Number

on to wit _____ leaving property in this state (but no agent in charge thereof),
Date of disappearance

left the following heirs-at-law:

NAME	RESIDENCE	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

DECREE

Upon hearing, it is hereby ordered and decreed:

Appointed **RECEIVER(s)**:

Name	Name
No. Street	No. Street
City/Town State Zip Phone Number	City/Town State Zip Phone Number

Bond fixed at: \$ _____

[] With surety _____

[] Without surety (if with surety, indicate type)

Appointed **APPRAISER(s)**: (if different from above)

Name	Name
No. Street	No. Street
City/Town State Zip Phone Number	City/Town State Zip Phone Number

Entered as an order and decree of the court on:

Date	Probate Judge
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