

**EXHIBIT V**

**Petition for Voluntary Informal Executor**

( Pursuant to RI General Laws 33-24.2)

STATE OF RHODE ISLAND

PROVIDENCE PROBATE COURT

VIE # \_\_\_\_\_

Name of Decedent: \_\_\_\_\_

Address of Decedent: \_\_\_\_\_

Date of Death : \_\_\_\_\_

The Undersigned, the \_\_\_\_\_ of the Decedent does (do) on  
(named executor or relationship to Deceased )

Oath affirm, attest and say that:

- 1- He/ S he/ They i s/ are of full age, legal capacity.
- 2- That more than thirty (30) days has passed since the date of death and that no Petition for Probate of the Will 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:

	RELATIONSHIP		RELATIONSHIP
NAME :		NAME:	
ADDRESS:		ADDRESS:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	

(if more space is needed, add a separate sheet)

4-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, with the value as of 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 tangible property )

5- That pursuant to the original Last Will and Codicils, if any, filed herewith, the following beneficiaries would take under its provisions.

NAME :

NAME:

ADDRESS:

ADDRESS:

NAME:

NAME:

ADDRESS:

ADDRESS:

(if more space is needed, add a separate sheet)

6- That the undersigned will act as Voluntary Executor (s) / 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 the payment of the Funeral Bill ).

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

\_\_\_\_\_  
NAME(S) OF AFFIANT(S)

\_\_\_\_\_  
ADDRESS(S)

STATE OF RHODE ISLAND  
PROVIDENCE, S.C.

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

\_\_\_\_\_  
NOTARY PUBLIC

REVIEWED \_\_\_\_\_  
PROBATE JUDGE

DATE: \_\_\_\_\_

CERTIFIED : \_\_\_\_\_  
PROBATE CLERK

DATE: \_\_\_\_\_

**SCHEDULE OF PERSONAL PROPERTY OWNED SOLELY BY THE DECEASED**

**\*(not to exceed \$ 15,000.00 in value, exclusive of tangible property)**

Description of personal property

Value

\*Tangible property must be listed and valued, but is not included in determining the total value of the estate.