

**EXHIBIT IX**

**Petition for Voluntary Informal Administration**

(Pursuant to RI General Laws 33-24-1)

STATE OF RHODE ISLAND

PROVIDENCE PROBATE COURT

VIA # \_\_\_\_\_

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

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

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

The Undersigned, the \_\_\_\_\_ of the Decedent does (do) on Oath  
( relationship to the Decedent )

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.
- 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:

RELATIONSHIP

RELATIONSHIP

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 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 \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
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.