For
courtusomy

| STATE OF RHODE ISLAND |  |  |
| :--- | :--- | :---: |
| County of | Select County |  |
| Estate of |  |  |
| Alias |  |  |


| PROBATE COURT OF THE |
| :--- |
| City or Town of Select City or Town |
| No. |


| I/We, the undersigned, as Principal(s): |  |  |
| :---: | :---: | :---: |
| Name | Street Address |  |
| City/Town | State | $\begin{aligned} & \text { Zip } \\ & \text { Code } \end{aligned}$ |
| Email | Phone Number |  |
| Name | Street Address |  |
| City/Town | State | $\begin{aligned} & \mathrm{Zip} \\ & \text { Code } \end{aligned}$ |
| Email | Phone Number |  |
| Is/are holden and stand firmly bounden and obliged unto said Court in the full sum of \$ $\qquad$ to be paid thereto to the true payment whereof I/we bind myself/ourselves, my/our successors, heirs, executors and administrators jointly and severally firmly by these presents. <br> Date of execution |  |  |
| THE CONDITION OF THE OBLIGATION IS SUCH, that if the above bonded principal, the duly appointed (check one)$\square$ Executor $\square$ Administrator $\square$ Guardian $\square$ Othershall faithfully perform his/her duties as such fiduciary in accordance with the law including but not limited to RIGL 33-17-1 et seq. |  |  |
| Fiduciary: To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate. |  |  |
| Signature of Fiduciary | FIDUCIARY SIGN HERE | Date |
| Signature of Fiduciary | FIDUCIARY SIGN HERE | Date |
| Signed in the presence of: |  |  |
| Witness Name |  |  |
| Signature | WITNESS SIGN HERE | Date |
| Witness Name |  |  |
| Signature | WITNESS SIGN HERE | Date |

