

Rhode Island Last Will and Testament

I, _____, of the City of _____,
County of _____, and State of Rhode Island, declare this to
be my Last Will and Testament and hereby revoke all of my prior wills and codicils.

PERSONAL REPRESENTATIVE. I nominate _____
(Insert name of person or eligible financial institution) with address at
_____ to serve as my personal representative to administer the
provisions of this will.

If my first choice does not serve, I nominate _____
(Insert name of person or eligible financial institution) with address at
_____ to serve as personal representative.

REAL PROPERTY. I give all my real property to my spouse, if living; otherwise it shall be
equally divided among my children who survive me; except as specifically provided below:
(specific distribution not valid without signature.)

I leave the following specific real property to the person(s) named:

(name)	(description of item)	(signature)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL AND HOUSEHOLD ITEMS. I give all my furniture, furnishings, household
items, personal automobiles and personal items to my spouse, if living; otherwise they



shall be equally divided among my children who survive me; except as specifically provided below: (specific distribution not valid without signature.)

I leave the following specific items to the person(s) named:

(name)	(description of item)	(signature)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASH GIFT TO CHARITABLE ORGANIZATIONS OR INSTITUTIONS. I make the following cash gift(s) to the named charitable organizations or institutions in the amount stated. If I fail to sign this provision, no gift is made. If the charitable organization or institution does not survive me or accept the gift, then no gift is made.

(name)	(amount)	(signature)
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL OTHER ASSETS. I adopt only one Property Disposition Clause by placing my initials in the box in front of the letter "A," "B" or "C" signifying which clause I wish to adopt. I place my signature after clause "A" or clause "B," or after each individual distribution in clause "C." If I fail to sign the appropriate distribution(s) or if I sign in more than one clause or if I fail to place my initials in the appropriate box, this paragraph will be invalid and I realize that the remainder of my property will be distributed as if I did not make a will.

Property Disposition Clauses. (select one)

_____ A. I leave all my remaining property to my spouse, if living. If my spouse is not living, then in equal shares to my children and the descendants of any deceased child.

_____ (signature).



_____ B. I leave the amount of \$_____ to my spouse and the remainder in equal shares to my children and the descendants of any deceased child. If my spouse is not living, that share shall be distributed in equal shares to my children and the descendants of any deceased child.

_____ (signature).

_____ C. I leave the following stated amounts to the persons named:

_____	_____	_____
(name)	(amount)	(signature)

_____	_____	_____
(name)	(amount)	(signature)

_____	_____	_____
(name)	(amount)	(signature)

_____	_____	_____
(name)	(amount)	(signature)

_____	_____	_____
(name)	(amount)	(signature)

UNDISTRIBUTED PROPERTY. If I have any property that, for any reason, does not pass under the other parts of this will, all of that property shall be distributed as follows:



(this paragraph only valid if signed)

GUARDIAN. If a guardian is needed for any child of mine, then I nominate the first guardian named below to serve as guardian of that child. If the person does not serve, then the others shall serve in the order I list them. My nomination of a guardian is not valid without my signature.

FIRST GUARDIAN _____
(signature)

SECOND GUARDIAN _____
(signature)

THIRD GUARDIAN _____
(signature)

BOND (Select only 1)

(a) My personal representative and any guardian I have named shall serve with bond.
_____(Your signature)

(b) My personal representative and any guardian I have named shall serve without bond.
_____(Your signature)

Testator Signature

I, _____, the testator, on this _____ day of _____, 20____, do hereby sign and execute this instrument as my last will and that I sign it willingly (or willingly direct another to sign for me) as my free and voluntary act and that I am 18 years of age or older or am a legally emancipated minor, of sound mind and under no constraint or undue influence.



Signature _____

Printed name _____

Witnesses

STATEMENT OF WITNESSES (You must have two witnesses.)

- a. On the date written below the maker of this Will declared to us that this instrument was the maker's Will and requested us to act as witnesses to it;
- b. We understand this is the maker's Will;
- c. The maker signed this Will in our presence, all of us being present at the same time;
- d. We now, at the maker's request, and in the maker's presence, sign below as witnesses;
- e. We believe the maker is of sound mind and memory;
- f. We believe that this Will was not procured by duress, menace, fraud or undue influence;
- g. The maker is age 18 or older; and
- h. Each of us is now age 18 or older, is a competent witness, and resides at the address set forth after his or her name

Each of us declares that the person who signed above willingly signed this Will in our presence or willingly directed another to sign it for him or her or that he or she acknowledged that the signature on this Will is his or hers or that he or she acknowledged that this Will is his or her will and we sign below as witnesses to that signing.

Signature _____

Printed name _____



Address _____

Signature _____

Printed name _____

Address _____

Testamentary Affidavit

I, _____, the testator, on this _____ day of _____, 20__, being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will and that I sign it willingly (or willingly direct another to sign for me) as my free and voluntary act and that I am 18 years of age or older or am a legally emancipated minor, of sound mind and under no constraint or undue influence.

Testator Signature

We, _____, and _____, the witnesses, being first duly sworn, do hereby declare to the undersigned authority that the testator has signed and executed this instrument as (his)(her) last will and that (he)(she) signed it willingly (or willingly directed another to sign for (him)(her)), and that each of us, in the presence and hearing of the testator, signs this will as witness to the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older or is a legally emancipated minor, of sound mind and under no constraint or undue influence.

Witness 1 Signature

Witness 2 Signature



State of Rhode Island}

City / County of _____, ss.

Subscribed, sworn to and acknowledged before me by _____, the
testator, and subscribed and sworn to before me by _____ and
_____ witnesses, this ____th day of _____, 20____.

WITNESS my hand and Notarial Seal, the _____th day of _____, 20____.

NOTARY PUBLIC

NOTARY PUBLIC in and for the State of Rhode Island

My commission expires _____

