



REV-346

BUREAU OF INDIVIDUAL TAXES
PO BOX 280601
HARRISBURG, PA 17128-0601

**ESTATE
INFORMATION
SHEET**

**FOR REGISTER'S OFFICE USE
ONLY**

County Code	Year	File Number
22	23	12345

**Section
I**

DECEDENT INFORMATION

Enter data as it will appear on all documents submitted to the Department.

Decedent's Social Security Number 345-23-5363	Date of Death 07/21/2023	Date of Birth 05/10/1961	
Last Name John	Suffix Sr.	First Name William	MI A

**Section
II**

TYPE FILING

Fill in oval to indicate the nature of the return to be filed with the Department.

☐ Probate Return ☐ Joint Assets Only ☐ Non-probate Assets Only ☒ Litigation Purposes (No Other Assets)

**Section
III**

LETTERS GRANTED

Fill in oval to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

☐ Testamentary ☐ Administration ☐ No Letters ☒ Other (Please Explain)

Section IV

ATTORNEY/CORRESPONDENT INFORMATION

Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name 	Suffix 	First Name 	MI
Supreme Court I.D.# 	Telephone Number 	Attorney / Correspondent's e-mail address: 	

First Line of Address

Second Line of Address

City or Post Office 	State 	Zip Code
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Section V

PERSONAL REPRESENTATIVE INFORMATION

Enter all information for the personal representative(s) of the estate authorized by the Register of Wills.

Executor/Administrator Last Name 	Suffix 	First Name 	MI
First line of address 			<div style="border: 1px solid black; padding: 5px;">OFFICIAL USE ONLY TRANSACTION COUNT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div></div>
Second line of address 			
City or Post Office 			
State 		Zip Code 	

Complete general estate information questions, and indicate additional personal representatives on reverse side.

PLEASE USE ORIGINAL FORM ONLY

Side 1



3460007120

3460007120





Decedent's Name

William Alexander John Sr.

Decedent's Social Security Number

345-23-5363

Section V**PERSONAL REPRESENTATIVE INFORMATION Cont.**

Co-Executor/Administrator Last Name (if necessary)

Suffix

First Name

MI

First line of address

Full name

Second line of address

City or Post Office

State

Zip Code

Secondary Co-Executor/Administrator Last Name (if necessary)

Suffix

First Name

MI

First line of address

Full name

Second line of address

City or Post Office

State

Zip Code

Side 2



3460015205

3460015205

