pennsylvani	pennsylvania <sub>(EX) MOD 08-19</sub>		0	Scannable		
DEPARTMENT OF REVENUE  REV-346				FOR REGISTER'S OFFICE USE ONLY		
BUREAU OF INDIVIDUAL TAXES PO BOX 280601 HARRISBURG, PA 17128-0601		ESTATE INFORMATION SHEET		County Code	Year	File Number
				22	23	1234
Section				_		
DECEDENT I						
ter data as it will appear on all doc Decedent's Social Security Numb		•	nt. Date of Birth			
895-86-2079 12/05/20						
st Name Suffix			First Name		МІ	
John	Jr.		William		Α	
Section II TYPE FILING	<b>G</b>					
ill in oval to indicate the nature of t	he return to be fi	led with the Depar	tment.			
Probate Return Joint As	sets Only	☐ Non-probate A	ssets Only 🛚 Li	tigation Purpo	oses (No	Other Assets)
Section III LETTERS G	RANTED					
ill in oval to indicate the nature of the ecessary.)		t the Register of V	Vills Office. (Attacl	n additional sh	eets if ex	planation is
Testamentary Administra	tion 🔲 No	Letters XO	ther (Please Exp	lain)		
Section IV ATTORNEY	/CORRESPO	NDENT INFO	RMATION			
nter all information for the attorney	or individual to i	receive tax inform	ation and corresp	ondence.		
ast Name Su	ffix	First N	lame	MI		
Walker Jr		Ethar	1	В		
Supreme Court I.D.# Telephone Numb		er Attorn	Attorney / Correspondent's e-mail address:			
3)	316) 555-4321	ethar	n.walker@busine	ess.com		
irst Line of Address Riverside Drive						
Second Line of Address Suite 101						
City or Post Office	State		Zip Code			
Kansas City	МО		64101			
Section V PERSONAL	REPRESENT	ATIVE INFOR	MATION			
ter all information for the personal	representative(s)	of the estate aut	norized by the Re	gister of Wills.		
Executor/Administrator Last Name Suffix		First Nam	First Name MI			
Smith Sr.		Michael		A		
st line of address ak Street				OFFICIAL USE ONLY TRANSACTION COUNT		
Second line of address						
Downtown Plaza		State		<u> </u>		
City or Post Office				Zip Code		
Atlanta		GA		30305		
Complete general estate inforreverse side.	PLEASE U	ISE ORIGINAI Side 1			oresenta	atives on
3460007120			3460007	1.20		

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## Scannable 3460015205 REV-346 (EX) MOD 08-19 Decedent's Social Security Number Decedent's Name William Arik John Jr. 895-86-2079 PERSONAL REPRESENTATIVE INFORMATION Cont. Section V Co-Executor/Administrator Last Name (if necessary) Suffix First Name МІ М Brown Jessica Jr. First line of address Full name Maple Avenue Jessica Marie Brown Jr. Second line of address Suite 200 State Zip Code City or Post Office IL 60610 Chicago Secondary Co-Executor/Administrator Last Name (if necessary) Suffix First Name МІ David Jr. J Full name First line of address Pine Street David James Clark Jr. Second line of address Building A

Side 2



3460015205

City or Post Office
San Francisco

3460015205

State

CA

Zip Code

94102