



**ESTATE  
INFORMATION  
SHEET**

**FOR REGISTER'S OFFICE USE  
ONLY**

County Code	Year	File Number
22	23	1234

**Section  
I**

**DECEDENT INFORMATION**

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

Decedent's Social Security Number	Date of Death	Date of Birth	
895-86-2079	12/05/2023	01/15/1970	
Last Name	Suffix	First Name	MI
John	Jr.	William	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
Walker	Jr.	Ethan	B
Supreme Court I.D.#	Telephone Number	Attorney / Correspondent's e-mail address:	
	(816) 555-4321	ethan.walker@business.com	

First Line of Address  
Riverside Drive

Second Line of Address  
Suite 101

City or Post Office	State	Zip Code
Kansas City	MO	64101

**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
Smith	Sr.	Michael	A

First line of address  
Oak Street

Second line of address  
Downtown Plaza

City or Post Office	State	Zip Code
Atlanta	GA	30305

**OFFICIAL USE ONLY**  
**TRANSACTION COUNT**  
☐

**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 Arik John Jr.

Decedent's Social Security Number

895-86-2079

Section V

PERSONAL REPRESENTATIVE INFORMATION Cont.

Co-Executor/Administrator Last Name (if necessary)

Brown

Suffix

Jr.

First Name

Jessica

MI

M

First line of address

Maple Avenue

Full name

Jessica Marie Brown Jr.

Second line of address

Suite 200

City or Post Office

Chicago

State

IL

Zip Code

60610

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

Clark

Suffix

Jr.

First Name

David

MI

J

First line of address

Pine Street

Full name

David James Clark Jr.

Second line of address

Building A

City or Post Office

San Francisco

State

CA

Zip Code

94102

Side 2



3460015205

3460015205