



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 | Date of Death | Date of Birth | |
| 345-23-5363 | 07/21/2023 | 05/10/1961 | |
| Last Name | Suffix | First Name | MI |
| John | Sr. | 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 |
| Winter | Sr. | Unique | J |
| Supreme Court I.D.# | Telephone Number | Attorney / Correspondent's e-mail address: | |
| | (223) 232-3236 | benchmark@gmail.com | |

First Line of Address
Simla Town

Second Line of Address
Jack Market

| | | |
|---------------------|-------|----------|
| City or Post Office | State | Zip Code |
| Bethlehem | KY | 40007 |

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 |
| Winter | Sr. | Unique | J |
| First line of address | | | |
| Simla Town | | | |
| Second line of address | | | |
| Jack Market | | | |
| City or Post Office | State | Zip Code | |
| Bethlehem | KY | 40007 | |

**OFFICIAL USE ONLY
TRANSACTION COUNT**

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

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

PLEASE USE ORIGINAL FORM ONLY

Side 1



3460007120

3460007120





3460015205

Scannable

REV-346 (EX) MOD 08-19

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)

Winter

Suffix

Sr.

First Name

Unique

MI

J

First line of address

Simla Town

Full name

Unique John Winter Sr.

Second line of address

Jack Market

City or Post Office

Bethlehem

State

KY

Zip Code

40007

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

Winter

Suffix

Sr.

First Name

Unique

MI

J

First line of address

Simla Town

Full name

Unique John Winter Sr.

Second line of address

Jack Market

City or Post Office

Bethlehem

State

KY

Zip Code

40007

Side 2



3460015205

3460015205

