

REV-346

BUREAU OF INDIVIDUAL TAXES
PO BOX 280601
HARRISBURG, PA 17128-0601ESTATE
INFORMATION
SHEETFOR REGISTER'S OFFICE USE
ONLYCounty Code Year File Number
22 23 12345Section
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 TownSecond 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 TownSecond line of address
Jack Market

City or Post Office	State	Zip Code
Bethlehem	KY	40007

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 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