



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

First Line of Address  
Simla Town

Second Line of Address  
Jack Market

|                                  |             |                   |
|----------------------------------|-------------|-------------------|
| City or Post Office<br>Bethlehem | State<br>KY | Zip Code<br>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<br>Winter | Suffix<br>Sr. | First Name<br>Unique | MI<br>J |
|--|---------------|----------------------|---------|

First line of address  
Simla Town

Second line of address  
Jack Market

|                                  |             |                   |
|----------------------------------|-------------|-------------------|
| City or Post Office<br>Bethlehem | State<br>KY | Zip Code<br>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



|                            |                                   |
|----------------------------|-----------------------------------|
| Decedent's Name            | Decedent's Social Security Number |
| William Alexander John Sr. | 345-23-5363                       |

Section V PERSONAL REPRESENTATIVE INFORMATION Cont.

|  |        |            |    |
|--|--------|------------|----|
| Co-Executor/Administrator Last Name (if necessary) | Suffix | First Name | MI |
| Winter   | Sr.    | Unique     | J  |

|                       |                        |
|-----------------------|------------------------|
| First line of address | Full name              |
| Simla Town            | Unique John Winter Sr. |

Second line of address

Jack Market

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

|  |        |            |    |
|--|--------|------------|----|
| Secondary Co-Executor/Administrator Last Name (if necessary) | Suffix | First Name | MI |
| Winter   | Sr.    | Unique     | J  |

|                       |                        |
|-----------------------|------------------------|
| First line of address | Full name              |
| Simla Town            | Unique John Winter Sr. |

Second line of address

Jack Market

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

Side 2



3460015205

3460015205