



pennsylvania (EX) MOD 08-19
DEPARTMENT OF REVENUE

REV-346

BUREAU OF INDIVIDUAL TAXES
PO BOX 280601
HARRISBURG, PA 17128-0601

3460007120

Scannable

**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 01/15/2019
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

11

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

PLEASE USE ORIGINAL FORM ONLY

Side 1



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Decedent's Name	Decedent's Social Security Number
William Arik John Jr.	895-86-2079

Section V PERSONAL REPRESENTATIVE INFORMATION Cont.

Co-Executor/Administrator Last Name (if necessary)	Suffix	First Name	MI
Brown	Jr.	Jessica	M

First line of address	Full name
Maple Avenue	Jessica Marie Brown Jr.

Second line of address

Suite 200

City or Post Office	State	Zip Code
Chicago	IL	60610

Secondary Co-Executor/Administrator Last Name (if necessary)	Suffix	First Name	MI
Clark	Jr.	David	J

First line of address	Full name
Pine Street	David James Clark Jr.

Second line of address

Building A

City or Post Office	State	Zip Code
San Francisco	CA	94102

Side 2



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