



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	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

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 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



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