



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 1234

Section  
I

DECEDENT INFORMATION

Enter data as it will appear on all documents submitted to the Department.

Decedent's Social Security Number 895-86-2079 Date of Death 12/05/2023 Date of Birth 01/15/2019  
Last Name John Suffix Jr. First Name William MI 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 Walker Suffix Jr. First Name Ethan MI B  
Supreme Court I.D.# Telephone Number (816) 555-4321 Attorney / Correspondent's e-mail address: ethan.walker@business.com

First Line of Address  
Riverside Drive

Second Line of Address  
Suite 101

City or Post Office Kansas City State MO Zip Code 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 Smith Suffix Sr. First Name Michael MI A

First line of address  
Oak Street

Second line of address  
Downtown Plaza

City or Post Office Atlanta State GA Zip Code 30305

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 Arik John Jr.

Decedent's Social Security Number

895-86-2079

Section V

PERSONAL REPRESENTATIVE INFORMATION Cont.

Co-Executor/Administrator Last Name (if necessary)

Brown

Suffix

Jr.

First Name

Jessica

MI

M

First line of address

Maple Avenue

Full name

Jessica Marie Brown Jr.

Second line of address

Suite 200

City or Post Office

Chicago

State

IL

Zip Code

60610

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

Clark

Suffix

Jr.

First Name

David

MI

J

First line of address

Pine Street

Full name

David James Clark Jr.

Second line of address

Building A

City or Post Office

San Francisco

State

CA

Zip Code

94102

Side 2



3460015205

3460015205