



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

First Line of Address  
Simla Town

Second Line of Address  
Jack Market

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

First line of address  
Simla Town

Second line of address  
Jack Market

City or Post Office Bethlehem	State KY	Zip Code 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





3460015205

Scannable

REV-346 (EX) MOD 08-19

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

