



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.# <input type="text"/>	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
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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	<div>OFFICIAL USE ONLY TRANSACTION COUNT <input type="text"/></div>		
Second line of address Downtown Plaza			
City or Post Office Atlanta	State GA	Zip Code 30305	

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