

FOR REGISTER'S OFFICE USE ONLY

| County Code | Year | File Number |
|-------------|------|-------------|
| 22 | 23 | 1234 |

ESTATE INFORMATION
SHEET

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 |
| 689-86-0813 | 12/05/2020 | 01/15/1950 |

| | | | |
|-----------|--------|------------|----|
| 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> |

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

PLEASE USE ORIGINAL FORM ONLY

Side 1



3460019124

3460019124

Decedent's Name
William Arik John Jr.

Decedent's Social Security Number
689-86-0813

| | |
|-----------|---|
| Section V | PERSONAL REPRESENTATIVE INFORMATION Cont. |
|-----------|---|

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

| | | |
|------------|----------------|----------|
| Suffix | First Name | MI |
| Jr. | Jessica | 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 | Zip Code |
| IL | 60610 |

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

| | | |
|------------|--------------|----------|
| Suffix | First Name | MI |
| Jr. | David | 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 | Zip Code |
| CA | 94102 |

