

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
Wilson	Sr.	Emily	A

First line of address  
Cedar Lane

Second line of address  
Floor 5

OFFICIAL USE ONLY	
TRANSACTION COUNT	
<input type="checkbox"/>	<input type="checkbox"/>

City or Post Office	State	Zip Code
New York	NY	10001

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

PLEASE USE ORIGINAL FORM ONLY

Side 1



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3460019124



3460019224

Scannable

REV-346 (EX) MOD 08-19

Decedent's Name  
**William Arik John Jr.**

Decedent's Social Security Number  
**689-86-0813**

Section V	PERSONAL REPRESENTATIVE INFORMATION Cont.
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Co-Executor/Administrator Last Name (if necessary)  
**Harris**

Suffix	First Name	MI
<b>Sr.</b>	<b>Daniel</b>	<b>R</b>

First line of address  
**Willow Drive**

Full name  
**Daniel Robert Harris Sr.**

Second line of address  
**Suite 500**

City or Post Office  
**Dallas**

State	Zip Code
<b>TX</b>	<b>75201</b>

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

Suffix	First Name	MI
<b>Jr.</b>	<b>Liam</b>	<b>N</b>

First line of address  
**Mountain View Drive**

Full name  
**Liam Noah Anderson Jr.**

Second line of address  
**Suite 402**

City or Post Office  
**Seattle**

State	Zip Code
<b>WA</b>	<b>98101</b>

Side 2



3460019224

3460019224

