



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

First Line of Address  
Simla Town

Second Line of Address  
Jack Market

City or Post Office	State	Zip Code
Bethlehem	KY	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	Suffix	First Name	MI
Winter	Sr.	Unique	J
First line of address	<b>OFFICIAL USE ONLY</b> <b>TRANSACTION COUNT</b> <input type="checkbox"/>		
Second line of address			
City or Post Office			
Bethlehem	KY	40007	

**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	Decedent's Social Security Number
William Alexander John Sr.	345-23-5363

Section V PERSONAL REPRESENTATIVE INFORMATION Cont.

Co-Executor/Administrator Last Name (if necessary)	Suffix	First Name	MI
Winter	Sr.	Unique	J

First line of address	Full name
Simla Town	Unique John Winter Sr.

Second line of address

Jack Market

City or Post Office	State	Zip Code
Bethlehem	KY	40007

Secondary Co-Executor/Administrator Last Name (if necessary)	Suffix	First Name	MI
Winter	Sr.	Unique	J

First line of address	Full name
Simla Town	Unique John Winter Sr.

Second line of address

Jack Market

City or Post Office	State	Zip Code
Bethlehem	KY	40007

