



REV-346

BUREAU OF INDIVIDUAL TAXES  
PO BOX 280601  
HARRISBURG, PA 17128-0601

3460007120

Scannable

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	Date of Death	Date of Birth	
895-86-2079	12/05/2023	01/15/2019	
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

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

PLEASE USE ORIGINAL FORM ONLY

Side 1



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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