

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



3460019224

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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)  
**Brown**

Suffix	First Name	MI
<b>Jr.</b>	<b>Jessica</b>	<b>M</b>

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
<b>IL</b>	<b>60610</b>

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

Suffix	First Name	MI
<b>Jr.</b>	<b>David</b>	<b>J</b>

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
<b>CA</b>	<b>94102</b>

Side 2



3460019224

3460019224

