



**ESTATE
INFORMATION
SHEET**

**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	01/15/1970	
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"/>
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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

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