



pennsylvania (EX) MOD 08-19  
DEPARTMENT OF REVENUE

**REV-346**

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

3460007120

Scannable

**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 01/15/2019  
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	Decedent's Social Security Number
William Arik John Jr.	895-86-2079

Section V PERSONAL REPRESENTATIVE INFORMATION Cont.

Co-Executor/Administrator Last Name (if necessary)	Suffix	First Name	MI
Brown	Jr.	Jessica	M

First line of address	Full name
Maple Avenue	Jessica Marie Brown Jr.

Second line of address

Suite 200

City or Post Office	State	Zip Code
Chicago	IL	60610

Secondary Co-Executor/Administrator Last Name (if necessary)	Suffix	First Name	MI
Clark	Jr.	David	J

First line of address	Full name
Pine Street	David James Clark Jr.

Second line of address

Building A

City or Post Office	State	Zip Code
San Francisco	CA	94102

