

ESTATE INFORMATION SHEET

FOR REGISTER'S OFFICE USE ONLY

County Code

Year

File Number

DECEDENT INFORMATION: Enter data as it will appear on all documents submitted to the department.

Name (Last) _____ (First) _____ (Middle) _____		
Decedent's Social Security Number _____	Date of Death _____	Date of Birth _____

TYPE FILING: Enter check (✓) mark to indicate the nature of the return to be filed with the department.

<input type="checkbox"/> Probate Return	<input type="checkbox"/> Joint Assets Only	<input type="checkbox"/> Estate Tax Only	<input type="checkbox"/> Litigation Purposes (No Other Assets)
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LETTERS GRANTED: Enter check (✓) mark to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

<input type="checkbox"/> Testamentary	<input type="checkbox"/> Administration	<input type="checkbox"/> No Letters	<input type="checkbox"/> Other (Please Explain)
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ATTORNEY/CORRESPONDENT INFORMATION: Enter all data concerning the attorney or other individual to receive all tax information and correspondence.

Name (Last) _____ (First) _____ (Middle) _____			Supreme Court I.D. # _____
Street Address _____			
City _____	State _____	Zip Code _____	Telephone Number _____

PERSONAL REPRESENTATIVE INFORMATION: Enter all data concerning the personal representative(s) of the estate authorized by the Register of Wills

Executor/Administrator

Name (Last) _____ (First) _____ (Middle) _____			Social Security Number _____
Street Address _____			
City _____	State _____	Zip Code _____	Telephone Number _____

Co-Executor/Administrator

Name (Last) _____ (First) _____ (Middle) _____			Social Security Number _____
Street Address _____			
City _____	State _____	Zip Code _____	Telephone Number _____

Co-Executor/Administrator

Name (Last) _____ (First) _____ (Middle) _____			Social Security Number _____
Street Address _____			
City _____	State _____	Zip Code _____	Telephone Number _____

Prepared By _____	Date _____
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