

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: Enter all data concerning the attorney or other individual to receive all tax information and correspondence.

Name (Last) (First) (Middle)			Supreme Court I.D. No.
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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