

County Code	Year	File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ESTATE INFORMATION SHEET**

**1 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2 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)

**3 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.)

**4 ATTORNEY/CORRESPONDENT INFORMATION:** Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supreme Court I.D. #	Telephone Number	Attorney/ Correspondent's e-mail address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Line of Address	<input type="text"/>		
Second Line of Address	<input type="text"/>		
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**5 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Line of Address	<input type="text"/>		
Second Line of Address	<input type="text"/>		
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>		

<b>OFFICIAL USE ONLY</b>
<b>TRANSACTION COUNT</b> <input type="text"/>

Complete general estate information questions and indicate additional personal representatives on reverse side.

**PLEASE USE ORIGINAL FORM ONLY**

**Side 1**



REV-346 EX (11-15)

Decedent's Social Security Number

Decedent's Name: \_\_\_\_\_

**Co-Executor/Administrator**

Last Name

Suffix

First Name

MI

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Telephone Number

**Co-Executor/Administrator**

Last Name

Suffix

First Name

MI

First Line of Address

Second Line of Address

City or Post Office

State

ZIP Code

Telephone Number

**General Instructions:**

This form should be filed with the Register of Wills of the county of which the decedent was a resident at death.

Please be aware the correspondent identified will receive all correspondence from the department. It is the responsibility of the personal representative to notify the department if the correspondent contact information changes.

The department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The department uses the Social Security number to identify the decedent and personal representatives of the estate. The commonwealth may also use the information in exchange-of-tax-information agreements with federal and local taxing authorities. State law prohibits commonwealth personnel from disclosing confidential tax information except for official purposes.

