

# 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.

Probate Return	Joint Assets Only	Estate Tax Only	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.)

Testamentary	Administration	No Letters	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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