

**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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Enter check (✓) mark to indicate the nature of the proceedings at the Register of LETTERS GRANTED: 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

**APPENDIX A: Form 2 - Estate Information Sheet**