



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.

Decedent's Social Security Number	Date of Death	Date of Birth	
	MMDDYYYY	MMDDYYYY	
Last Name	Suffix	First Name	MI

TYPE FILING: Fill in oval 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)

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)

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

Last Name	Suffix	First Name	MI
Supreme Court I.D. #	Telephone Number	Correspondent's e-mail address:	
First line of address			
Second line of address			
City or Post Office	State	ZIP Code	

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

Executor/Administrator

Social Security Number	Telephone Number		
Last Name	Suffix	First Name	MI
First line of address			
Second line of address			
City or Post Office	State	ZIP Code	

OFFICIAL USE ONLY

TRANSACTION COUNT

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

PLEASE USE ORIGINAL FORM ONLY

REV-346 EX

Decedent's Social Security Number

Decedent's Name: _____

Co-Executor/Administrator

Social Security Number

Telephone Number

Last Name

Suffix

First Name

MI

First line of address

Second line of address

City or Post Office

State

ZIP Code

Co-Executor/Administrator

Social Security Number

Telephone Number

Last Name

Suffix

First Name

MI

First line of address

Second line of address

City or Post Office

State

ZIP Code

GENERAL ESTATE INFORMATION: Enter all applicable data.

Did the decedent own real property in PA? Yes No

If yes, List the location(s) and an estimate of the value(s) for each parcel.

Location _____

Value \$ _____

Location _____

Value \$ _____

What is the approximate value of the decedent's personal property? \$ _____

Was a bond required in order to obtain Letters Testamentary or Letters of Administration? Yes No

Was the decedent survived by a spouse? Yes No

If yes, what is the surviving spouse's full name? _____

Was the decedent survived by other heirs? Yes No

If yes, list their name(s) and their relationship to the decedent below.

Name _____ Relationship _____

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. The state law prohibits the Commonwealth's personnel from disclosing confidential tax information except for official purposes.