

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner** _____, Deceased

The undersigned, **thetaCorporation** _____, in my capacity/relationship as
(Name or Corporate Name)

. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to **Medical Emergency**.

02/11/2025

(Date)

thetaCorporation

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative **Mia Isabella Harris Sr.**

Signature
of Person

Title of Officer/Representative

Willow Creek Road

Address

Address

Philadelphia, TN 37846

City, State, Zip

City, State, Zip

(215) 777-5678

Telephone

Telephone

mia.harris@thetacorp.com

Email

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner**, Deceased

The undersigned, **lambdaGroup**, in my capacity/relationship as
(Name or Corporate Name)

. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to **Legal Requirement.**

(Date)

lambdaGroup

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative **Lucas Henry Clark Sr.**

Signature
of Person

Title of Officer/Representative

Highland Park Road

Address

Address

Detroit, MI 48201

City, State, Zip

City, State, Zip

(313) 777-6789

Telephone

Telephone

lucas.clark@lambdagroup.com

Email

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner**, Deceased

The undersigned, **sigmaEnterprises**, in my capacity/relationship as
(Name or Corporate Name)

. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

sigmaEnterprises

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative **Benjamin Owen White Sr.**

Title of Officer/Representative

Evergreen Terrace

Address

Phoenix, AZ 85003

City, State, Zip

(602) 777-4567

Telephone

benjamin.white@sigmaenterprises.com

Email

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner**, Deceased

The undersigned, **omicronSolutions**, in my capacity/relationship as
(Name or Corporate Name)

. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

omicronSolutions

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative **Ava Scarlett Miller Jr.**

Signature
of Person

Title of Officer/Representative

Ocean Breeze Avenue

Address

Miami, FL 33101

City, State, Zip

(305) 777-2345

Telephone

ava.miller@omicronsolutions.com

Email

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner**, Deceased

The undersigned, **zetaConsulting**, in my capacity/relationship as
(Name or Corporate Name)

. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

zetaConsulting

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative **Liam Noah Anderson Jr.**

Title of Officer/Representative

Mountain View Drive

Address

Seattle, WA 98101

City, State, Zip

(206) 777-1234

Telephone

liam.anderson@zetaconsulting.com

Email

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public
My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner** _____, Deceased

The undersigned, **Sophia Grace Martinez Jr.** _____, in my capacity/relationship as
(Name or Corporate Name)

None. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Signature of Person **Sophia Grace Martinez Jr.**

Lakeview Street

Address

Miami, FL 33101

City, State, Zip

(305) 777-1234

Telephone

sophia.martinez@yahoo.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner** _____, Deceased

The undersigned, **Matthew Joseph White Sr.** _____, in my capacity/relationship as
(Name or Corporate Name)

None. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Signature **Matthew Joseph White Sr.**
of Person

Main Street

Address

Seattle, WA 98101

City, State, Zip

(206) 555-1234

Telephone

matt.white@gmail.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner**, Deceased

The undersigned, **Olivia Elizabeth Garcia Jr.**, in my capacity/relationship as
(Name or Corporate Name)

None, the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request that Letters be issued to .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative

Signature of Person **Olivia Elizabeth Garcia Jr.**

Title of Officer/Representative

Sunset Boulevard

Address

Address

Phoenix, AZ 85003

City, State, Zip

City, State, Zip

(602) 555-6789

Telephone

Telephone

olivia.garcia@gmail.com

Email

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } **SS:**

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner** _____, Deceased

The undersigned, **Christopher Daniel Lee Sr.** _____, in my capacity/relationship as
(Name or Corporate Name)

None. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Signature of Person **Christopher Daniel Lee Sr.**

Broadway Avenue

Address

Los Angeles, CA 90001

City, State, Zip

(213) 999-8765

Telephone

chris.lee@outlook.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION
REGISTER OF WILLS OF
Indiana COUNTY, PENNSYLVANIA**

Estate of **Kris Warner** _____, Deceased

The undersigned, **Isabella Natalie Rodriguez Jr.** _____, in my capacity/relationship as
(Name or Corporate Name)

None. the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155,
respectfully request that Letters be issued to .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Signature **Isabella Natalie Rodriguez Jr.**
of Person

Hilltop Drive

Address

Denver, CO 80202

City, State, Zip

(303) 987-6543

Telephone

isabella.rodriguez@company.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } *SS:*

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
stated within on this _____ day
of _____, _____.

Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to
administer
oaths. Show date of expiration of Notary's commission.)