



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

Estate of William John, Deceased  
a/k/a Jonny

The undersigned, sigmaEnterprises, in my capacity/relationship as  
(Name or Corporate Name)  
\_\_\_\_\_.of the above Decedent, hereby renounce the right to administer  
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)

**sigmaEnterprises**  
Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
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

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***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 William John, Deceased  
a/k/a Jonny

The undersigned, lambdaGroup, in my capacity/relationship as  
(Name or Corporate Name)  
\_\_\_\_\_.of the above Decedent, hereby renounce the right to administer  
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.

02/12/2025

(Date)

**lambdaGroup**  
Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative Lucas Henry Clark Sr.

Title of Officer/Representative

Highland Park Road

Address

Detroit, MI 48201

City, State, Zip

(313) 777-6789

Telephone

lucas.clark@lambdagroup.com

Email

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***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 William John, Deceased  
a/k/a Jonny

The undersigned, omicronSolutions, in my capacity/relationship as  
(Name or Corporate Name)  
\_\_\_\_\_.of the above Decedent, hereby renounce the right to administer  
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 Financial Support.

02/13/2025

(Date)

**omicronSolutions**  
Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative Ava Scarlett Miller Jr.

Title of Officer/Representative

Ocean Breeze Avenue

Address

Miami, FL 33101

City, State, Zip

(305) 777-2345

Telephone

ava.miller@omicronsolutions.com

Email

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*County of* \_\_\_\_\_ } **SS:**

Before the undersigned personally  
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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 William John, Deceased  
a/k/a Jonny

The undersigned, thetaCorporation, in my capacity/relationship as  
(Name or Corporate Name)  
\_\_\_\_\_.of the above Decedent, hereby renounce the right to administer  
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 Personal Request.

02/14/2025

(Date)

**thetaCorporation**  
Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative Mia Isabella Harris Sr.

Title of Officer/Representative

Willow Creek Road

Address

Philadelphia, TN 37846

City, State, Zip

(215) 777-5678

Telephone

mia.harris@thetacorp.com

Email

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***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 William John, Deceased  
a/k/a Jonny

The undersigned, zetaConsulting, in my capacity/relationship as  
(Name or Corporate Name)  
\_\_\_\_\_.of the above Decedent, hereby renounce the right to administer  
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 Work Requirement.

02/15/2025

(Date)

**zetaConsulting**  
Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
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

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***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 William John, Deceased  
a/k/a Jonny

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

None of the above Decedent, hereby renounce the right to administer  
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 Travel Authorization.

02/16/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative

Title of Officer/Representative

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

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 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 William John, Deceased  
a/k/a Jonny

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

None of the above Decedent, hereby renounce the right to administer  
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 Educational Purpose.

02/17/2025

(Date)

Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Officer/  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
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

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

**Hilltop Drive**

\_\_\_\_\_  
Address

**Denver, CO 80202**

\_\_\_\_\_  
City, State, Zip

**(303) 987-6543**

\_\_\_\_\_  
Telephone

**isabella.rodriguez@company.com**

\_\_\_\_\_  
Email

***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 William John, Deceased  
a/k/a Jonny

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

None of the above Decedent, hereby renounce the right to administer  
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 Banking Documentation.

02/18/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative

Title of Officer/Representative

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

Signature  
of Person

Matthew Joseph White Sr.

Main Street

Address

Seattle, WA 98101

City, State, Zip

(206) 555-1234

Telephone

matt.white@gmail.com

Email

***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 William John, Deceased  
a/k/a Jonny

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

None of the above Decedent, hereby renounce the right to administer  
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 Family Consent.

02/19/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative

Title of Officer/Representative

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

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 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  
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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 William John, Deceased  
a/k/a Jonny

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

None of the above Decedent, hereby renounce the right to administer  
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 Government Processing.

02/20/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative

Title of Officer/Representative

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

Signature of Person Olivia Elizabeth Garcia Jr.

Sunset Boulevard

Address

Phoenix, AZ 85003

City, State, Zip

(602) 555-6789

Telephone

olivia.garcia@gmail.com

Email

***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.)