

# RENUNCIATION REGISTER OF WILLS OF Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises  (Name or Corp	, in my capacity/relationship as
of the above Do	ecedent, hereby renounce the right to administer
	mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/11/2025	
(Date)	
sigmaEnterprises Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Benjamin Owen White Sr. Representative	Signature of Person
Title of Officer/Representative	_
Evergreen Terrace	Address
Address	City, State, Zip
Phoenix, AZ 85003	
City, State, Zip	Telephone
(602) 777-4567 Telephone	
benjamin.white@sigmaenterprises.com	Email
Email	<del>-</del>
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania } SS:
Sworn to or affirmed and subscribed	County of}
before me thisday of	Before the undersigned personally appeared the party executing this renunciation and certified that he or she
	executed the renunciation for the purposes
Deputy for Register of Wills	stated within on this day of
	Notary Public My Commission Expires:

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, lambdaGroup	, in my capacity/relationship as
(Name or Cor	rporate Name)
	Decedent, hereby renounce the right to administer
•	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Legal Requirem	<u> 1ent                                   </u>
02/12/2025	
(Date)	
lambdaGroup Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Lucas Henry Clark Sr.	Signature
Representative	of Person
Title of Officer/Representative	<del>_</del>
	Address
Highland Park Road	
Address	City, State, Zip
Detroit, MI 48201	
City, State, Zip	Telephone
(313) 777-6789	<del></del> -
Telephone	Email
lucas.clark@lambdagroup.com Email	<del>_</del>
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania
Sworn to or affirmed and subscribed	County of SS:
before me thisday	Defens the undersioned nearenable
of	Before the undersigned personally
· · · · · · · · · · · · · · · · · · ·	appeared the party executing this renunciation and certified that he or she
	executed the renunciation for the purposes
Deputy for Register of Wills	stated within on this day
	of
	of
	<u></u>
	Notary Public
	My Commission Expires:

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, omicronSolutions (Name or Co	, in my capacity/relationship as
	Decedent, hereby renounce the right to administer
•	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Financial Supp	ort
02/13/2025	
(Date)	
omicronSolutions Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Ava Scarlett Miller Jr.	Signature
Representative	of Person
Title of Officer/Representative	
Ocean Breeze Avenue	Address
Address	City, State, Zip
Miami, FL 33101	<u> </u>
City, State, Zip	Telephone
(305) 777-2345 Telephone	
ava.miller@omicronsolutions.com	Email
Email	<del></del>
5 / /: B : / 1 0/	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania
Sworn to or affirmed and subscribed	County of
before me thisday	Before the undersigned personally
of,	appeared the party executing this
	renunciation and certified that he or she
Deputy for Register of Wills	executed the renunciation for the purposes
Deputy for Register of Willis	stated within on this day
	of
	Notary Public
	My Commission Expires:

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, thetaCorporation	, in my capacity/relationship as
(Name or Cor	rporate Name)
of the above D	Decedent, hereby renounce the right to administer
•	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Personal Reque	est
02/14/2025	
(Date)	
thetaCorporation Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Mia Isabella Harris Sr.	Signature
Representative	of Person
Title of Officer/Representative	
William Creak Dand	Address
Willow Creek Road	
Address	City, State, Zip
Philadelphia, TN 37846	
City, State, Zip	Telephone
(215) 777-5678	
Telephone	Email
mia.harris@thetacorp.com Email	<del>_</del>
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania
Sworn to or affirmed and subscribed	County of SS:
before me thisday	
of	Before the undersigned personally
	appeared the party executing this
	renunciation and certified that he or she
Deputy for Register of Wills	executed the renunciation for the purposes
	stated within on this day
	of
	<del></del>
	Notary Public
	My Commission Expires:

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting	, in my capacity/relationship as
(Name or Corp.	'
	ecedent, hereby renounce the right to administer
·	mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Work Requireme	ent
02/15/2025	
(Date)	
zetaConsulting Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Liam Noah Anderson Jr.	Signature
Representative	of Person
Title of Officer/Representative	_
	Address
Mountain View Drive	
Address	City, State, Zip
Seattle, WA 98101	
City, State, Zip	Telephone
(206) 777-1234	
Telephone	Email
liam.anderson@zetaconsulting.com Email	_
Liliali	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania
•	County of SS:
Sworn to or affirmed and subscribed	
before me thisday	Before the undersigned personally
of	appeared the party executing this
	renunciation and certified that he or she
Deputy for Register of Wills	executed the renunciation for the purposes
	stated within on this day
	of
	Natara Dublia
	Notary Public
	My Commission Expires:

#### Indiana COUNTY, PENNSYLVANIA

Estate of William Jol	nn	, Deceased			
a/k/a Jonny					
Γhe undersigned, Sophia Grace Martinez Jr.		, in my capacity/relationship as			
	(Name or Corpor	,			
None		of the above Decedent, hereby renounce the right to administer			
	·	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully			
request that Letters	be issued to Travel Authorization	on			
02/16/2025					
(Date)					
Name on Componete Fid					
Name or Corporate Fid	uciary (ii applicable)				
Signature of Officer/		Signature Sophia Grace Martinez Jr.			
Representative		of Person			
		Lakeview Street			
Title of Officer/Representative		_			
		Address			
		Miami, FL 33101			
Address		City, State, Zip			
		(305) 777-1234 Telephone			
City, State, Zip		sophia.martinez@yahoo.com			
		Email			
Telephone					
		Executed out of Register's Office			
Email		Commonwealth of Pennsylvania			
Executed in Regis	ster's Office	County of } SS:			
_		Before the undersigned personally			
Sworn to or affirme		appeared the party executing this			
before me this		renunciation and certified that he or she			
of		executed the renunciation for the purposes			
		stated within on this day			
Deputy for Register	of Wills	of			
		Notary Public			
		My Commission Expires:			

#### Indiana COUNTY, PENNSYLVANIA

Estate of William J	ohn	, Deceased
a/k/a Jonny		
The undersigned,	Isabella Natalie Rodriguez Jr.	, in my capacity/relationship as
None	,	edent, hereby renounce the right to administer
		itted by law pursuant to 20 Pa.C.S. § 3155, respectfully
	rs be issued to Educational Purpos	
00/47/0005		
02/17/2025 (Date)		
(Date)		
Name or Corporate F	iduciary (if applicable)	
Signature of Officer/ Representative		Signature Isabella Natalie Rodriguez Jr. of Person
		Hilltop Drive
Title of Officer/Repres	sentative	
		Address
		Denver, CO 80202 City, State, Zip
Address		(303) 987-6543
		Telephone
City, State, Zip		isabella.rodriguez@company.com Email
Telephone		
		Executed out of Register's Office
Email		Commonwealth of Pennsylvania } SS:
Executed in Reg	ister's Office	County of } 33.
Sworn to or affirm	ned and subscribed	Before the undersigned personally
before me this	day	appeared the party executing this
of		renunciation and certified that he or she
	<del></del>	executed the renunciation for the purposes
		stated within on this day
Deputy for Registe	er of Wills	of
		Notary Public
		My Commission Expires:

#### Indiana COUNTY, PENNSYLVANIA

Estate of William J	onn	, Deceased	
a/k/a Jonny			
The undersigned,	Matthew Joseph White Sr.	, in my capacity/relationship as	
None	of the above Decedent, hereby renounce the right to administer		
the Estate of the		nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully	
02/18/2025			
(Date)			
Name or Corporate Fi	iduciary (if applicable)		
Signature of Officer/ Representative		Signature Matthew Joseph White Sr. of Person	
		Main Street	
Title of Officer/Repres	eentative	Address	
		Seattle, WA 98101 City, State, Zip	
Address		(206) 555-1234 Telephone	
City, State, Zip		matt.white@gmail.com Email	
Telephone			
		Executed out of Register's Office	
Email		Commonwealth of Pennsylvania } SS:	
Executed in Reg	ister's Office		
	led and subscribed	Before the undersigned personally appeared the party executing this	
before me thisday of		renunciation and certified that he or she	
		executed the renunciation for the purposes	
		stated within on this day	
Deputy for Registe	er of Wills	of	
		Notary Public	
		My Commission Expires:	

#### Indiana COUNTY, PENNSYLVANIA

Estate of William John		, Deceased	
a/k/a Jonny			
The undersigned, Chris	stopher Daniel Lee Sr. (Name or Corporal	, in my capacity/relationship as	
None	of the above Decedent, hereby renounce the right to administer		
		nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully	
02/19/2025			
(Date)			
Name or Corporate Fiduciary	y (if applicable)		
Signature of Officer/ Representative		Signature Christopher Daniel Lee Sr. of Person	
		Broadway Avenue	
Title of Officer/Representative	е	Address	
		Los Angeles, CA 90001 City, State, Zip	
Address		(213) 999-8765 Telephone	
City, State, Zip		chris.lee@outlook.com Email	
Telephone			
		Executed out of Register's Office	
Email		Commonwealth of Pennsylvania } SS:	
Executed in Register's	s Office	County of } 33.	
Sworn to or affirmed an before me this,	day	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	
Deputy for Register of \	Wills	of,	
		Notary Public	
		My Commission Expires:	

#### Indiana COUNTY, PENNSYLVANIA

Estate of William John		, Decea	sed
a/k/a <mark>Jonny</mark>			
The undersigned, Olivia E	lizabeth Garcia Jr.	, in my capacity/re	ationship as
-	(Name or Corporate Name)		
None	of the above Decedent, hereby renounce the right to administer		
		mitted by law pursuant to 20 Pa.C.S. § 3155,	respectfully
request that Letters be iss	sued to Government Prod	cessing	
02/20/2025			
(Date)			
Name of Community Fillerians (	£		
Name or Corporate Fiduciary (i	r applicable)		
Signature of Officer/		Signature Olivia Elizabeth Garcia Jr.	
Representative		of Person	
		Sunset Boulevard	
Title of Officer/Representative		_ Canosi Boalevara	
inio di Ginodin toprocontanto	Address		
		Phoenix, AZ 85003	
Address		City, State, Zip	
, , , , , , , , , , , , , , , , , , , ,		(602) 555-6789 Telephone	
City, State, Zip		 olivia.garcia@gmail.com	
		Email	
Telephone		_	
		_ Executed out of Register's Office	
Email		Commonwealth of Pennsylvania	}
Executed in Register's (	Office	County of	SS:
_		Before the undersigned personally	J
Sworn to or affirmed and		appeared the party executing this	
before me this		renunciation and certified that he or sl	ne
of,	·	executed the renunciation for the purp	
		stated within on this	day
Deputy for Register of Wi	lls	of,	
		Notary Public	
		My Commission Expires:	