Estate of Kris W	arner	, Deceased
The undersigned,	thetaCorporation	, in my capacity/relationship as
. the Estate of the Decedent and, to the extent per respectfully request that Letters be issued to <b>Media</b>		permitted by law pursuant to 20 Pa.C.S. § 3155,
02/11/2025		_
(Date)		
thetaCorporation	1	_
Name or Corporat	te Fiduciary (if applicable)	
Signature of Office Representative	Mia Isabella Harris Sr.	Signature of Person
Title of Officer/Re	presentative	_
Willow Creek Roa	ad	
Address		Address
Philadelphia, TN	37846	
City, State, Zip		City, State, Zip
(215) 777-5678		_
Telephone		Telephone
mia.harris@theta	acorp.com	
Email		Email
Executed in Re	egister's Office	Executed out of Register's Office
before me this		Commonwealth of Pennsylvania } SS:
Deputy for Register		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.)

# Indiana COUNTY, PENNSYLVANIA Estate of Kris Warner , Deceased

The undersigned, <b>_lambdaGroup</b>	, in my capacity/relationship as	
. the Estate of the Decedent and, to the extent respectfully request that Letters be issued to $\underline{\textbf{Le}}$	permitted by law pursuant to 20 Pa.C.S. § 3155,	
(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	Executed out of Register's Office	
Sworn to or affirmed and subscribed before me thisday	Commonwealth of Pennsylvania } SS:	
of	Before the undersigned personally appeared the party executing this	
Deputy for Register of Wills	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.)	

Estate of Kris W	/arner	, Decease
The undersigned,	sigmaEnterprises	, in my capacity/relationship as
. the Estate of th	(Name or Corporate	e Name) Dermitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		•
sigmaEnterprise	es	
Name or Corpora	te Fiduciary (if applicable)	
Signature of Office Representative	Benjamin Owen White Sr.	Signature of Person
Title of Officer/Re	epresentative	
Evergreen Terra	ce	
Address		Address
Phoenix, AZ 850	003	
City, State, Zip		City, State, Zip
(602) 777-4567		
Telephone		Telephone
benjamin.white	@sigmaenterprises.com	
Email		Email
Executed in Re	egister's Office	Executed out of Register's Office
before me this		Commonwealth of Pennsylvania } SS:
of		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.)

Estate of Kris War	ner	, Deceased
The undersigned, _	omicronSolutions	, in my capacity/relationship as
	(Name or Corporate Decedent and, to the extent that Letters be issued to .	permitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		-
omicronSolutions		
Name or Corporate	Fiduciary (if applicable)	
Signature of Office Representative	Ava Scarlett Miller Jr.	Signature of Person
Title of Officer/Repr	esentative	
Ocean Breeze Aver	nue	
Address		Address
Miami, FL 33101		
City, State, Zip		City, State, Zip
(305) 777-2345		
Telephone		Telephone
ava.miller@omicro	nsolutions.com	
Email		Email
Executed in Reg	ister's Office	Executed out of Register's Office
Sworn to or affirme before me this	day	Commonwealth of Pennsylvania } SS:
of	<u>,</u> .	Before the undersigned personally appeared the party executing this
Deputy for Register	of Wills	renunciation and certified that he or she executed the renunciation for the purposes stated within on this day of,  Notary Public

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

My Commission Expires:

Estate of Kris	Warner	, Deceased
The undersigned	d, <b>zetaConsulting</b>	, in my capacity/relationship as
	the Decedent and, to the extent uest that Letters be issued to .	permitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		_
zetaConsulting	J	_
Name or Corpor	rate Fiduciary (if applicable)	
Signature of Off Representative	ice <b>Liam Noah Anderson Jr.</b>	Signature of Person
Title of Officer/R	Representative	-
Mountain View	Drive	
Address		Address
Seattle, WA 98	3101	
City, State, Zip		City, State, Zip
(206) 777-1234	1	
Telephone		Telephone
liam.anderson	@zetaconsulting.com	
Email		Email
Executed in F	Register's Office	Executed out of Register's Office
before me this_	rmed and subscribed day	Commonwealth of Pennsylvania } SS:
of	·	Before the undersigned personally
Deputy for Regi	ster of Wills	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.)

Estate of Kris Warner		, Deceased
The undersigned, <b>Sophia G</b>		, in my capacity/relationship as
<u>None</u> . the Estate of the Dec respectfully request that Let		ted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		
Name or Corporate Fiduciary	(if applicable)	
Signature of Office Representative	Signat of Per	ture Sophia Grace Martinez Jr.
Title of Officer/Representativ		orizona Chara a h
	Lake	view Street
Address	Addre	SS
	Mian	ni, FL 33101
City, State, Zip	City, S	State, Zip
	(305)	) 777-1234
Telephone	Teleph	none
	soph	ia.martinez@yahoo.com
Email	Email	
Executed in Register's	Office Exec	uted out of Register's Office
Sworn to or affirmed and su	bscribed Comn	nonwealth of Pennsylvania } SS:
before me this		ty of
of,	реготе	e the undersigned personally ared the party executing this
Deputy for Register of Wills	renun execu stated	ciation and certified that he or she ted the renunciation for the purposes I within on this day
	ot	
	Nahan	. Dublic
		y Public ommission Expires:
	admini	ture and Seal of Notary or other official qualified to ster Show date of expiration of Notary's commission.)

Estate of Kris V	Varner	, Deceased
The undersigned	, Matthew Joseph White Sr.	, in my capacity/relationship as
	(Name or Corporate Name, e of the Decedent and, to the extent lest that Letters be issued to .	permitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		
Name or Corpora	ate Fiduciary (if applicable)	
Signature of Offi Representative	CE	Signature of Person Matthew Joseph White Sr.
Title of Officer/Re	epresentative	Main Street
Address		Address Seattle, WA 98101
City, State, Zip		City, State, Zip (206) 555-1234
Telephone		Telephone matt.white@gmail.com
Email		Email
	Register's Office med and subscribed day	Executed out of Register's Office  Commonwealth of Pennsylvania County of  SS:
of	<u>,                                     </u>	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.)

Estate of Kris W	Varner	, Deceased
The undersigned,	, Olivia Elizabeth Garcia Jr.	, in my capacity/relationship as
	(Name or Corporate Name of Corporate Name of the Decedent and, to the extent est that Letters be issued to .	permitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		
Name or Corpora	ate Fiduciary (if applicable)	
Signature of Offic Representative	CE	Signature Olivia Elizabeth Garcia Jr. of Person
Title of Officer/Re	epresentative	Sunset Boulevard
Address		Address Phoenix, AZ 85003
City, State, Zip		City, State, Zip (602) 555-6789
Telephone	_	Telephone olivia.garcia@gmail.com
Email		Email
	<b>egister's Office</b> med and subscribed day	Executed out of Register's Office  Commonwealth of Pennsylvania County of  SS:
of		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.)

Estate of	Kris Wa	arner	, Deceased
The under	rsigned,	Christopher Daniel Lee Sr.	, in my capacity/relationship as
None. the	e Estate	(Name or Corporate Name)	permitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)			
Name or 0	Corporate	e Fiduciary (if applicable)	
Signature Represent			Signature Christopher Daniel Lee Sr. of Person
Title of Of	ficer/Rep	presentative	Broadway Avenue
			Address
Address			Los Angeles, CA 90001
City, State	a Zin	<del></del>	City, State, Zip
City, State	ε, ΖΙΡ		(213) 999-8765
Telephone		<del></del> -	Telephone
			chris.lee@outlook.com
Email			Email
Executed	d in Re	gister's Office	Executed out of Register's Office
before me	this	ed and subscribed day	Commonwealth of Pennsylvania } SS:
of			Before the undersigned personally appeared the party executing this
Deputy fo	r Registe	i or wins	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.)

Estate of Kris V	Varner	, Deceased
The undersigned	, Isabella Natalie Rodriguez Jr.	, in my capacity/relationship as
	(Name or Corporate Name) e of the Decedent and, to the extent lest that Letters be issued to .	permitted by law pursuant to 20 Pa.C.S. § 3155,
(Date)		
Name or Corpora	ate Fiduciary (if applicable)	
Signature of Offi Representative	CE	Signature Isabella Natalie Rodriguez Jr. of Person
Title of Officer/Re	epresentative	Hilltop Drive
Address		Address  Denver, CO 80202
City, State, Zip		City, State, Zip (303) 987-6543
Telephone		Telephone isabella.rodriguez@company.com
Email		Email
Sworn to or affir before me this		Executed out of Register's Office  Commonwealth of Pennsylvania  Sounty of  Solution   S
Deputy for Regis		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:  ———————————————————————————————————