

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises (Name or Corpor.	, in my capacity/relationship as
· · ·	edent, hereby renounce the right to administer
	bd by law pursuant to 20 Pa.C.S. § 3155, respectfully request
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 Apt 22	Address
Address	City, State, Zip
Phoenix, AZ 85003	
City, State, Zip	- Telephone
(602) 777-4567	·
Telephone	 Email
benjamin.white@sigmaenterprises.com Email	-
	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 executed the renunciation for the purposes
Deputy for Register of Wills	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 William John	, Deceased
a/k/a Jonny	
The undersigned, lambdaGroup	, in my capacity/relationship as
· ·	or Corporate Name)
	e Decedent, hereby renounce the right to administer ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/12/2025	
(Date)	
lambdaGroup Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Lucas Henry Clark, Sr. Representative	Signature of Person
Title of Officer/Representative	
Highland Park Road Penthouse 1	Address
Address	City, State, Zip
Detroit, MI 48201	
City, State, Zip	Telephone
(313) 777-6789	
Telephone	Email
lucas.clark@lambdagroup.com	<u></u>
Email	Evacuted out of Pagistar's Office
Executed in Register's Office	Executed out of Register's Office
_	County of 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: (Signature and Soal of Natary or other official qualified to administrate
	(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's commission.)

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, thetaCorporation	, in my capacity/relationship as
· ·	rporate Name)
	ecedent, hereby renounce the right to administer itted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/13/2025	
(Date)	
thetaCorporation Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Mia Isabella Harris, Sr. Representative	Signature of Person
Title of Officer/Representative	
Willow Creek Road Unit 6	Address
Address	City, State, Zip
Philadelphia, TN 37846	<u> </u>
City, State, Zip	Telephone
(215) 777-5678	<u></u>
Telephone	Email
mia.harris@thetacorp.com	<u> </u>
Email	Two suited and of Domintonia Office
Executed in Register's Office	Executed out of Register's Office
_	Commonwealth of Pennsylvania } SS:
Sworn to or affirmed and subscribed	County of }
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:
	(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's commission.)

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting	, in my capacity/relationship as
(Name or Corp.	,
	tedent, hereby renounce the right to administer ted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/14/2025	
(Date)	
zetaConsulting Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Liam Noah Anderson, Jr. Representative	Signature of Person
Title of Officer/Representative	_
Mountain View Drive Suite 402	Address
Address	City, State, Zip
Seattle, WA 98101	
City, State, Zip	
(206) 777-1234	
Telephone	Email
liam.anderson@zetaconsulting.com	<u> </u>
Email	For each of such of Devictories Office
Executed in Register's Office	Executed out of Register's Office
-	Commonwealth of Pennsylvania } SS:
Sworn to or affirmed and subscribed	County of }
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:
	(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's commission.)

, in my capacity/relationship as
nt, hereby renounce the right to administer
y law pursuant to 20 Pa.C.S. § 3155, respectfully request
Signature of Person
Address
City, State, Zip
Telephone
Email
Free roots of and of Development Office
Executed out of Register's Office
Commonwealth of Pennsylvania } SS:
County 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

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Sophia Grace Ma	Jr. , in my capacity/relationship a
None .c	bove Decedent, hereby renounce the right to administer
	nt permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully reques
02/16/2025	
(Date)	
Name or Corporate Fiduciary (if applicable	
Signature of Officer/ Representative	Signature Sophia Grace Martinez, Jr. of Person
Title of Officer/Representative	Lakeview Street Apt 12C
The of office/representative	Address
	Miami, FL 33101 City, State, Zip
Address	(305) 777-1234 Telephone
City, State, Zip	sophia.martinez@yahoo.com Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } County of SS:
Executed in Register's Office	}
Sworn to or affirmed and subscribed	Before the undersigned personally appeared the party executing this
before me thisda	renunciation and certified that he or she
of,	executed the renunciation for the purposes
	stated within on this day
Denote for Denistan of Wills	of,
Deputy for Register of Wills	
	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 <mark>Jonny</mark>	
The undersigned, Matthew Joseph Whit	re, Sr. , in my capacity/relationship as
None .of th	te above Decedent, hereby renounce the right to administer
	xtent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to Educational Pur	
02/17/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Matthew Joseph White, Sr.
Representative	of Person
	Main Street Office 45B
Title of Officer/Representative	Address
	Seattle, WA 98101
	City, State, Zip
Address	(206) 555-1234
O'the Obeta 7's	Telephone met white@gmeil.com
City, State, Zip	matt.white@gmail.com Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } SS:
Executed in Register's Office	County of }
Sworn to or affirmed and subscribed	Before the undersigned personally
before me thisday	appeared the party executing 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	
Deputy for Register of Wills	
	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 <u>William John</u>	, Deceased
a/k/a Jonny	
The undersigned, <u>Isabella Natalie Rodriguez</u> ,	Jr. , in my capacity/relationship as
	ove Decedent, hereby renounce the right to administer permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request on
02/18/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Isabella Natalie Rodriguez, Jr. of Person
Title of Officer/Representative	Hilltop Drive Unit 7F 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 } County of } SS:
Executed in Register's Office	Before the undersigned personally
Sworn to or affirmed and subscribed before me thisday of	appeared the party executing this renunciation and certified that he or she executed the renunciation for the purposes
	stated within on this day of,
Deputy for Register of Wills	
	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 William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, Olivia Elizabeth Garci	n, Jr. , in my capacity/relationship as (Name or Corporate Name)
None .of th	e above Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the e that Letters be issued to Family Consent	tent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/19/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Olivia Elizabeth Garcia, Jr. of Person
	Sunset Boulevard Penthouse 1A
	Address Phoenix, AZ 85003 City, State, Zip
Address	(602) 555-6789 Telephone
City, State, Zip	olivia.garcia@gmail.com Email
Telephone	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } County of SS:
Executed in Register's Office	}
Sworn to or affirmed 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 of,
Deputy for Register of Wills	,
	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 William John	, Deceased
a/k/a Jonny	
The undersigned, Christopher Daniel Le	Sr. , in my capacity/relationship as
None .of the	above Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the exthat Letters be issued to Government Pro	ent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request essing
02/20/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Christopher Daniel Lee, Sr. of Person
	Broadway Avenue Suite 300
	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 } County of SS:
Executed in Register's Office	}
Sworn to or affirmed 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 of,
Deputy for Register of Wills	<u></u> -
	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.)