

**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 .

11/11/1111

(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 **memory**.

11/11/1111

(Date)

lambdaGroup

Name or Corporate Fiduciary (if applicable)

Signature of Office
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

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, **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 **memory**.

11/11/1111

(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
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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 **memory**.

11/11/1111

(Date)

omicronSolutions

Name or Corporate Fiduciary (if applicable)

Signature of Office
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

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, **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 **memory**.

11/11/1111

(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, **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 **memory**.

11/11/1111
(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

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 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:

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