## PETITION FOR GRANT OF LETTERS REGISTER OF WILLS OF INDIANA COUNTY, PENNSYLVANIA



Petitioner(s) named below, who is/are 18 years of age or older, apply(ies) for Letters as specified below, and in support thereof aver(s) the following and respectfully request(s) the grant of Letters in the appropriate form:

Daniel Robert Harris, Sr., zetaConsulting, omicronSolutions, sigmaEnterprises, thetaCorporation, lambdaGroup

| Decedents  | Informati                           | on  |                                |                        |                            |                 |                        |        |  |
|--|-------------------------------------|---|--------------------------------|------------------------|----------------------------|-----------------|------------------------|--------|--|
| Name:  | <u> </u>                            |   |                                |                        | File No: <u>22-23-1234</u> |                 |                        |        |  |
| a/k/a:   | Jonny                               |   |                                | (Assigned by Register) |                            |                 |                        |        |  |
| a/k/a:   | Cris                                |   |                                |                        |                            |                 |                        |        |  |
| a/k/a:   | Grace                               |   |                                | 5                      | Social Security No         | : <u>689-86</u> | -0813                  |        |  |
| Date of Death:   | 12/05/2020                          | )   |                                | Age at Death: 70       |                            |                 |                        |        |  |
| Decedent was   | domiciled a                         | it death in <b>Indiana</b>  | County,                        | P.                     | A                          | (State) wit     | th his/her last        |        |  |
| principal residence at   |                                     | 123 Elm Street, Apartmer  | nt 4B, 15716                   |                        | Black Lick                 |                 | Indiana                |        |  |
| Decedent died at   |                                     | Street address, Post Office and   | I Zip Code                     |                        | City, Township or E        | Borough         | County                 |        |  |
|  |                                     | Les Main Street, Near H   | Hotel Los, 24225               |                        | Cleveland                  |                 | Russell                | VA     |  |
|  |                                     | Street address, Post Office a   | ınd Zip Code                   |                        | City, Township of          | r Borough       | County                 | State  |  |
| Estimate of va   | lue of deced                        | dents property at death:  |                                |                        |                            |                 |                        |        |  |
| If domicile  | d in Penns                          | ylvania   | All personal property          |                        | \$ Unknown                 | \$              |                        | 320.00 |  |
| If not dom   | iciled in Pe                        | nnsylvania  | Personal property in           | Pennsylvania           | \$ Over                    | \$              |                        | 430.00 |  |
| If not dom   | iciled in Pe                        | nnsylvania  | Personal property in           | County                 | \$ Under                   | \$              |                        | 530.00 |  |
| Value of re  | eal estate ii                       | n Pennsylvania  |                                |                        | \$ Unknown                 | \$              |                        | 670.00 |  |
|  |                                     |   |                                | TOTAL E                | STIMATED VAL               | .UE \$          |                        | 990.00 |  |
| Real estate in Pe  | nnsylvania situ                     | ated at 46A Wall Road   |                                | Amb                    | oridge                     |                 | Beaver                 |        |  |
| (Attach additional   | sheets, if nec                      | essary.)  |                                |                        |                            |                 |                        |        |  |
|  |                                     | Street address, Post Offi   | ce and Zip Code                |                        | City, Township or          | r Borough       | County                 |        |  |
|  | ) aver(s) he/sh                     | d Grant of Letters Testament<br>le/they is/are the Executor(s) na<br>02/17/2023 | med in the Last Will of the De | cedent, dated          | 12/09/2023                 | 02/26/20        | nd Codicil(s)          |        |  |
| Original   | Executor rei                        | nounced.  |                                |                        |                            |                 |                        |        |  |
| Named E  | Executor is o                       | leceased.   | Chata ralayant circumstances   | c /o a ronunciati      | an death of execut         | or oto)         |                        |        |  |
| State relevant circumstances (e.g. renunciation, death of executor, etc.)  Except as follows: after the execution of the instrument(s) offered for probate, Decedent did not marry, was not divorced, was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323(g), and did not have a child born or adopted; and Decedent was neither the victim of a killing nor ever adjudicated an incapacitated person. |                                     |   |                                |                        |                            |                 |                        |        |  |
|  | CEPTIONS                            | EXCEPTIONS The  | originally named Exec          | cutor has ren          | ounced their ri            | ight to serv    | ve.                    |        |  |
|  |                                     | etters of Administration  | ,                              |                        |                            | urante absenti  | ia, durante minoritate |        |  |
| If Administ  | ration, <i>c.t.a.</i>               | or d.b.n.c.t.a., enter date   | e of Will in Section A above   | e and complete         | list of heirs.             |                 |                        |        |  |
| Except as follows: Decedent was not a party to a pending divorce proceeding wherein the grounds for divorce had been established as defined in 23 Pa. C.S. § 3323 (g) and was neither the victim of a killing nor ever adjudicated an incapacitated person.  |                                     |   |                                |                        |                            |                 |                        |        |  |
| □ NO EXCEPTIONS □ EXCEPTIONS   |                                     |   |                                |                        |                            |                 |                        |        |  |
| · //   | after a proper s<br>ets, if necessa | earch has/have ascertained that<br>y):  | Decedent left no Will and was  | survived by the        | following spouse (if a     | any) and heirs  | (attach                |        |  |
| Name   |                                     |   | Relationship                   | Address                |                            |                 |                        |        |  |
|  |                                     |   | -                              |                        |                            |                 |                        |        |  |
|  |                                     |   |                                |                        |                            |                 |                        |        |  |
|  |                                     |   |                                |                        |                            |                 |                        |        |  |
|  |                                     |   |                                |                        |                            |                 |                        |        |  |

| Oath of Personal  | 0                                       | fficial Use Only       |                                 |              |  |  |
|---|---|------------------------|---------------------------------|--------------|--|--|
| COMMONWEALTH OF PENNSYLVANIA  | }                                       |                        |                                 |              |  |  |
|   | } SS:                                   |                        |                                 |              |  |  |
| COUNTY OF Indiana   | }                                       |                        |                                 |              |  |  |
| Petitioner(s) Printed Name  | ,                                       |                        |                                 |              |  |  |
| Daniel Robert Harris, Sr.   |   |                        |                                 |              |  |  |
| zetaConsulting  |   |                        |                                 |              |  |  |
| omicronSolutions  |   |                        |                                 |              |  |  |
| sigmaEnterprises  |   |                        |                                 |              |  |  |
| The Petitioner(s) above-named swear(s) or affirm(s) belief of Petitioner(s) and that, as Personal Represer law. |   |                        |                                 |              |  |  |
| Sworn to or affirmed and subscribed before  |   |                        | Dat                             | e            |  |  |
| me this, day of,,   |   | Date                   |                                 |              |  |  |
| Ву:   |   |                        |                                 | e            |  |  |
| For the Register  |   |                        |                                 | e            |  |  |
| Any Minor Heirs? ☐ YES ☐ NO   |   | To the Register of     | Wills:                          |              |  |  |
| BOND Required?  |   |                        | ppearance by my signa           | ture below:  |  |  |
| FEES:   |   | Attorney Signature     |                                 |              |  |  |
|   | 30.00                                   |                        |                                 |              |  |  |
| (O )Ob + O + (-)  | FO 00                                   |                        |                                 |              |  |  |
| (1 )Denunciation(s)   | 20.00                                   | Printed Name:          | Dihan Panjamin Milas            | le .         |  |  |
| (2 )Cadiall(a)  | 60.00                                   | Fillited Name.         | Rihan Benjamin Miles,           | JI           |  |  |
| (11 )Affidavit(s)   | 20.00                                   | Supreme Court          |                                 |              |  |  |
| Bond  | 40.00                                   | ID Number:             |                                 |              |  |  |
| Commission  | 20.00                                   |                        |                                 |              |  |  |
| Other Expedited Processingroces   | 30.00                                   | Firm Name:             | ultraCapaulting                 |              |  |  |
| Copy  | 10.00                                   | Address:               | ultraConsulting Riverside Drive |              |  |  |
| Administrative Handling   | 50.00                                   | Address.               | Suite 101                       |              |  |  |
| Notary  | 20.00                                   |                        | Kansas City, MO 64101           |              |  |  |
| Document Retrieval  | 30.00                                   |                        | ransas oity, MO 04101           |              |  |  |
| Automation Fee  | 40.00                                   |                        |                                 |              |  |  |
| JCS Fee   | 20.00                                   | Phone:                 | (816) 555-4321                  |              |  |  |
| TOTAL\$   | 450.00                                  | Fax:                   | (816) 888-6543                  |              |  |  |
| [   | DECREE OF TH                            | HE REGISTER            |                                 |              |  |  |
| Estate of William John  |   | File No: 22-23-1234    |                                 |              |  |  |
| a/k/a: Jonny Cris Grace   | _                                       |                        |                                 |              |  |  |
| AND NOW,  |   | in c                   | consideration of the forego     | ing Petition |  |  |
| satisfactory proof having been presented before mare hereby granted to Daniel Robert Harris, Sr., zo            |   | nat Letters Testamenta | iry                             |              |  |  |
|   |   |                        |                                 | 03/24/2023   |  |  |
| in the above estate and (if applicable) that the instr<br>described in the Petition be admitted to probate an   | • |                        |                                 | 03/24/2023   |  |  |
|   |   |                        |                                 |              |  |  |
| Register of Wills   |   |                        |                                 |              |  |  |

| Name of Decedent:                     | /illiam John  |  |  |  |  |  |
|---------------------------------------|---|--|--|--|--|--|
| Petitioners' Names from page 1:       | 2/05/2020<br>no is/are 18 years of age or older, apply(ie | es) for Letters as specified below, and in supp  |  |  |  |  |
| Michael Andrew Smith, Sr., Jessica I  | Marie Brown, Jr., David James Clark, Jr., Emily Ann W     | Vilson, Sr.  |  |  |  |  |
| Oath of Personal Represe              | ntative from page 2                                       |  |  |  |  |  |
| COMMONWEALTH OF PENNSYL               | VANIA } }SS:  |  |  |  |  |  |
| COUNTY OF<br>Indiana                  | }   |  |  |  |  |  |
| Petitioner(s) Printed Name            | Petitioner(s) Printed Address                             |  |  |  |  |  |
| thetaCorporation                      | Willow Creek Road, Unit 6, Philadelphi                    | ia, TN 37846   |  |  |  |  |
| lambdaGroup                           | Highland Park Road, Penthouse 1, De                       | troit, MI 48201  |  |  |  |  |
| Michael Andrew Smith, Sr.             | Oak Street, Downtown Plaza, Atlanta,                      | GA 30305   |  |  |  |  |
| Jessica Marie Brown, Jr.              | Maple Avenue, Suite 200, Chicago, IL                      | 60610  |  |  |  |  |
| David James Clark, Jr.                | Pine Street, Building A, San Francisco                    | Pine Street, Building A, San Francisco, CA 94102   |  |  |  |  |
| Emily Ann Wilson, Sr.                 | Cedar Lane, Floor 5, New York, NY 10                      | 0001   |  |  |  |  |
|                                       |   | n are true and correct to the best of the knowledge and er(s) will well and truly administer the estate according to |  |  |  |  |
| Sworn to or affirmed and subscribed b | pefore  | Date   |  |  |  |  |
| me this Day of                        |   | Date   |  |  |  |  |
| Ву                                    | <u> </u>  | Date   |  |  |  |  |
| For the Register                      |   | Date   |  |  |  |  |