

#### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises	or Corporate Name) , in my capacity/relationship as
(Name o	of the above Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the extent request that Letters be issued to Medical Emerg	t permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/11/2025 (Date)	
(vale)	
sigmaEnterprises Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Benjamin Owen White, Sr. Representative	Signature of Person
Title of Officer/Representative	<del></del>
Evergreen Terrace Apt 22	Address
Address	City, State, Zip
Phoenix, AZ 85003 City, State, Zip	———
(602) 777-4567	Telephone
Telephone	·
benjamin.white@sigmaenterprises.com	Email
Email	
Executed in Register's Office	
Sworn to or affirmed and subscribed	Executed out of Register's Office
before me thisday of,	Commonwealth of Pennsylvania } County of } SS:
Deputy for Register of Wills	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.)

### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting (Name or Corpo	, in my capacity/relationship as
,	,
	of the above Decedent, hereby renounce the right to administer mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/12/2025 (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 Seattle, WA 98101 City, State, Zip	City, State, Zip
(206) 777-1234 Telephone	Telephone
liam.anderson@zetaconsulting.com Email	Email
Executed in Register's Office	
Sworn to or affirmed and subscribed before me thisday of,	Executed out of Register's Office  Commonwealth of Pennsylvania }  County of } SS:
Deputy for Register of Wills	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.)

### **REGISTER OF WILLS OF**

Estate of William John		, Deceased
a/k/a <b>Jonny</b>		
The undersigned, thetaCorporation	(Name or Corporate Name)	, in my capacity/relationship as
	,	dent, hereby renounce the right to administer
the Estate of the Decedent and, to request that Letters be issued to Final	the extent permitted by law purs	suant to 20 Pa.C.S. § 3155, respectfully
02/13/2025 (Date)	_	
thetaCorporation Name or Corporate Fiduciary (if applicable	·)	
Signature of Officer/ Mia Isabella Ha Representative	rris, Sr. Signature of Person	
Title of Officer/Representative Willow Creek Road Unit 6	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 thisda of,	Commonw	out of Register's Office  vealth of Pennsylvania }  SS:
Deputy for Register of Wills	appeared trenunciation	undersigned personally the party executing this on and certified that he or she the renunciation for the purposes
		nin on this day
	•	ission Expires:
		nd Seal of Notary or other official qualified to administer date of expiration of Notary's commission.)

#### **REGISTER OF WILLS OF**

Estate of William J	ohn	, Deceased
a/k/a Jonny		
The undersigned,	lambdaGroup	, in my capacity/relationship as
	(Name or Corp	
		of the above Decedent, hereby renounce the right to administer mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/14/2025 (Date)		
(Date)		
lambdaGroup Name or Corporate Fi	iduciary (if applicable)	
Signature of Officer/ Representative	Lucas Henry Clark, Sr.	Signature of Person
Title of Officer/Repres Highland Park Ro Penthouse 1		Address
Address		Other Oberts. 7th
Detroit, MI 48201		City, State, Zip —
City, State, Zip (313) 777-6789		
Telephone		<del>_</del>
lucas.clark@lambo	dagroup.com	Email
Email		
Executed in Reg	ister's Office	
Sworn to or affirme	d and subscribed	Executed out of Register's Office
before me this of	day , .	Commonwealth of Pennsylvania } County of } SS:
Deputy for Register	of Wills	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.)

#### **REGISTER OF WILLS OF**

Estate of William John		, Deceased
a/k/a Jonny		
The undersigned, omicronSolut	ions	, in my capacity/relationship as
	(Name or Corp	•
the Estate of the Decedent and, request that Letters be issued to V	to the extent pe	of the above Decedent, hereby renounce the right to administer trmitted by law pursuant to 20 Pa.C.S. § 3155, respectfully t
<b>02/15/2025</b> (Date)		
omicronSolutions Name or Corporate Fiduciary (if applica	able)	
Signature of Officer/ Ava Scarlett Representative	Miller, Jr.	Signature of Person
Title of Officer/Representative  Ocean Breeze Avenue  Building C		Address
Address  Miami, FL 33101  City, State, Zip		City, State, Zip
(305) 777-2345 Telephone		Telephone
ava.miller@omicronsolutions.cor Email	n	Email
Executed in Register's Office		Evenue of Parietaria Office
Sworn to or affirmed and subscribe before me this,	ed _day _	County of } Ss:
Deputy for Register of Wills		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.)

#### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Sophia Grace Martinez, Jr.	, in my capacity/relationship as
	f the above Decedent, hereby renounce the right to administer
	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/16/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Sophia Grace Martinez, Jr. of Person
	Lakeview Street Apt 12C
·	Address
Address	Miami, FL 33101 City, State, Zip
Address	(305) 777-1234
City, State, Zip	Telephone
Only, Oldie, Zip	sophia.martinez@yahoo.com Email
Telephone	Littali
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.)

#### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Matthew Joseph White, Sr.	or Corporate Name) , in my capacity/relationship as
None	of the above Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the extenrequest that Letters be issued to <b>Educational P</b>	nt permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/17/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Matthew Joseph White, Sr. of Person
Title of Officer/Representative	Main Street Office 45B
	Address
Address	Seattle, WA 98101 City, State, Zip
Address	(206) 555-1234
City, State, Zip	Telephone
	matt.white@gmail.com
Telephone	——— Email
 Email	Executed out of Posistavia Office
Executed in Register's Office	Executed out of 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.)

#### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Isabella Natalie Rodrigu	ez, Jr. , in my capacity/relationship as
None	of the above Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the exrequest that Letters be issued to <b>Banking Decedent</b>	tent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
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
Address	Denver, CO 80202 City, State, Zip
	(303) 987-6543
City, State, Zip	Telephone
	isabella.rodriguez@company.com
Telephone	———— Email
- 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 this day	}
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.)

#### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Olivia Elizabeth Garcia, Jr.	, in my capacity/relationship as
,	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 (if applicable)	
Signature of Officer/ Representative	Signature Olivia Elizabeth Garcia, Jr. of Person
	_ Sunset Boulevard Penthouse 1A
·	Address
Address	Phoenix, AZ 85003 City, State, Zip
	(602) 555-6789
City, State, Zip	Telephone
	olivia.garcia@gmail.com - Email
Telephone	Lindi
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	Before the undersigned personally
of,	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.)

#### **REGISTER OF WILLS OF**

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Christopher Daniel Lee, Sr.	, in my capacity/relationship as
	f the above Decedent, hereby renounce the right to administer
	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
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
Address	Los Angeles, CA 90001 City, State, Zip
Address	(213) 999-8765
City, State, Zip	Telephone
	chris.lee@outlook.com
Telephone	Email
Email	Executed out of Posiston's Office
Executed in Register's Office	Executed out of Register's Office  Commonwealth of Pennsylvania
Sworn to or affirmed and subscribed	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
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.)