

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, Sophia Grace Martine	ez, Jr. , in my capacity/relationship as
None .of th	ne above Decedent, hereby renounce the right to administer
	extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/11/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Sophia Grace Martinez, Jr. of Person
	Lakeview Street
Title of Officer/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 } SS:
Executed in Register's Office	County of } SS:
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
Dominio for Dominion 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.)

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Matthew Joseph White,	Sr. , in my capacity/relationship as
None .of the	above Decedent, hereby renounce the right to administer
	ent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/12/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature of Person Matthew Joseph White, Sr.
	Main Street
Title of Officer/Representative	Address
	Seattle, WA 98101 City, State, Zip
Address	(206) 555-1234
	Telephone
City, State, Zip	matt.white@gmail.com Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania
Executed in Register's Office	County of } SS:
	Before the undersigned personally
Sworn to or affirmed and subscribed	appeared the party executing this
before me thisday	renunciation and certified that he or she
of,	executed the renunciation for the purposes
	stated within on this day
Deputy for Register of Wills	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, Isabella Natalie Rodrigu	nez, Jr. , in my capacity/relationship as
	above Decedent, hereby renounce the right to administer
that Letters be issued to Financial Support	ent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/13/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Isabella Natalie Rodriguez, Jr. of Person
	Hilltop Drive
Title of Officer/Representative	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 } SS:
Executed in Register's Office	County of } 33.
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
	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	, Decease	ed
a/k/a Jonny		
The undersigned, Olivia Elizabeth Garcia, Jr.	, in my capacity/rela	ationship as
,	,	
	cedent, hereby renounce the right to administer	fully request
the Estate of the Decedent and, to the extent permitt that Letters be issued to Personal Request	ed by law pursuant to 20 Pa.C.S. § 3135, respect	iully request
that Letters be issued to reisonal request		<u>·</u>
02/14/2025		
(Date)		
Name or Corporate Fiduciary (if applicable)		
Signature of Officer/	Signature Olivia Elizabeth Garcia, Jr.	
Representative	of Person	
	Support Poulovard	
Title of Officer/Representative	Sunset Boulevard	
Title of Officer/Representative	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	} <i>SS:</i>
Executed in Register's Office		}
Sworn to or affirmed and subscribed	Before the undersigned personally appeared the party executing this	
before me thisday	renunciation and certified that he or she	
of,	executed the renunciation for the purpose	es
	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 admit oaths. Show date of expiration of Notary's commission.)	nister

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Christopher Daniel Lee	, Sr. , in my capacity/relationship as
None .of the	above Decedent, hereby renounce the right to administer
	ent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to Work Requiremen	
<u></u>	
02/15/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Christopher Daniel Lee, Sr. of Person
Representative	OIT 615011
	Broadway Avenue
Title of Officer/Representative	
	Address
	Los Angeles, CA 90001
Address	City, State, Zip
Address	(213) 999-8765
	Telephone
City, State, Zip	chris.lee@outlook.com Email
	EIIIaII
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania
Executed in Pagister's Office	County of } SS:
Executed in Register's Office	Before the undersigned personally
Sworn to or affirmed and subscribed	appeared the party executing this
before me thisday	renunciation and certified that he or she
of,	executed the renunciation for the purposes
	stated within on this day
D. (C. D. ; (CMCII	
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.)