

Estate of William John	, Deceased
The undersigned, lambdaGroup	, in my capacity/relationship as
·	ecedent, hereby renounce the right to administer
	tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/11/2025 (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	Address
Address	City, State, Zip
Detroit, MI 48201	
City, State, Zip	Telephone
(313) 777-6789	
Telephone	Email
lucas.clark@lambdagroup.com	
Ēmail	
Free stated in Demistrale Office	Executed out of Register's Office
Executed in Register's Office	County of SS:
Sworn to or affirmed and subscribed	County of }
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
Deputy for register of wind	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 William John	, Deceased
The undersigned, omicronSolutions	, in my capacity/relationship as
· ·	Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the extent perm that Letters be issued to Legal Requirement	itted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/12/2025 (Date)	
omicronSolutions Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Ava Scarlett Miller, Jr. Representative	Signature of Person
Title of Officer/Representative	
Ocean Breeze Avenue	Address
Address	City, State, Zip
Miami, FL 33101	Talanhana
City, State, Zip (305) 777-2345	Telephone
Telephone	Email
ava.miller@omicronsolutions.com Email	<u></u>
Linai	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania } SS:
Sworn to or affirmed and subscribed	County of } 35.
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 , in my capacity/relationship as The undersigned, zetaConsulting _.of the above Decedent, hereby renounce the right to administer 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 Financial Support 02/13/2025 (Date) zetaConsulting Name or Corporate Fiduciary (if applicable) Signature of Officer/ Liam Noah Anderson, Jr. Signature of Person Representative Title of Officer/Representative Address Mountain View Drive City, State, Zip Address Seattle, WA 98101 City, State, Zip Telephone (206) 777-1234 Telephone **Email** liam.anderson@zetaconsulting.com Email Executed out of Register's Office Executed in Register's Office Commonwealth of Pennsylvania SS: } County of Sworn to or affirmed and subscribed before me this 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 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
The undersigned, sigmaEnterprises (Name or Corpor.	, in my capacity/relationship as
of the above Dece	edent, hereby renounce the right to administer and by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/14/2025 (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	Address
Address Phoenix, AZ 85003 City, State, Zip	City, State, Zip Telephone
(602) 777-4567 Telephone benjamin.white@sigmaenterprises.com	Email
Email Executed in Register's Office Sworn to or affirmed and subscribed	Executed out of Register's Office Commonwealth of Pennsylvania } 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.)

RENUNCIATION REGISTER OF WILLS OF

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
The undersigned, thetaCorporation (Name or Corporation	, in my capacity/relationship as
of the above De	ecedent, hereby renounce the right to administer tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/15/2025 (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	Address
Address	City, State, Zip
Philadelphia, TN 37846 City, State, Zip (215) 777-5678	Telephone
Telephone mia.harris@thetacorp.com	Email
Email	Executed out of Register's Office
Executed in Register's Office 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
The undersigned, Isabella Natalie Rodriguez, Jr. (Name or Corporate Name)	, in my capacity/relationship as
	eby renounce the right to administer
the Estate of the Decedent and, to the extent permitted by law part that Letters be issued to Travel Authorization	
02/16/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
	gnature Isabella Natalie Rodriguez, Jr. Person
Hil	Iltop Drive
Title of Officer/Representative	dress
De	enver, CO 80202
	y, State, Zip
	03) 987-6543 lephone
	abella.rodriguez@company.com nail
Telephone	
E>	recuted out of Register's Office
	ommonwealth of Pennsylvania } ounty of SS:
Executed in Register's Office	}
SWORD TO OF STIRMED AND CLINCCRINED	fore the undersigned personally peared the party executing this
before me thisday rer	nunciation and certified that he or she ecuted the renunciation for the purposes
	ated within on this day
Deputy for Register of Wills	
	otary Public / Commission Expires:
•	gnature and Seal of Notary or other official qualified to administer hs. Show date of expiration of Notary's commission.)

Estate of William John	, Deceased
The undersigned, Christopher Daniel Lee, Sr.	, in my capacity/relationship as
	Decedent, hereby renounce the right to administer rmitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/17/2025 (Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Christopher Daniel Lee, Sr. of Person
Title of Officer/Representative	Address Los Angeles, CA 90001
Address	City, State, Zip (213) 999-8765 Telephone
City, State, Zip	chris.lee@outlook.com Email
Telephone	Executed out of Register's Office
Email Executed in Register's Office	Commonwealth of Pennsylvania } County of
Sworn to or affirmed and subscribed 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
The undersigned, Sophia Grace Martinez, Jr.	, in my capacity/relationship as
	Decedent, hereby renounce the right to administer mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/18/2025 (Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Sophia Grace Martinez, Jr. of Person
Title of Officer/Representative	Address Miami, FL 33101
Address	City, State, Zip (305) 777-1234 Telephone
City, State, Zip	sophia.martinez@yahoo.com Email
Telephone	Executed out of Register's Office
Email Executed in Register's Office	Commonwealth of Pennsylvania } County of } SS:
Sworn to or affirmed and subscribed 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
The undersigned, Olivia Elizabeth Garcia, Jr.	, in my capacity/relationship as
None .of the abo	ove Decedent, hereby renounce the right to administer 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
Title of Officer/Representative	Address Phoenix, AZ 85003
Address	
City, State, Zip	olivia.garcia@gmail.com Email
Telephone	Executed out of Register's Office
Email Executed in Register's Office	Commonwealth of Pennsylvania } County of } SS:
Sworn to or affirmed and subscribed 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
The undersigned, Matthew Joseph White, S	Sr. , in my capacity/relationship as
· ·	bove Decedent, hereby renounce the right to administer
	nt permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
(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
Address	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 } 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 of .
Deputy for Register of Wills	of
	Notes Dublis
	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.)