Estate of Kris W	arner	, Deceased
The undersigned,	thetaCorporation	, in my capacity/relationship as
. the Estate of the	(Name or Corpor	permitted by law pursuant to 20 Pa.C.S. § 3155,
02/11/2025		_
(Date)		
thetaCorporation	1	_
Name or Corporat	te Fiduciary (if applicable)	
Signature of Office Representative	Mia Isabella Harris Sr.	Signature of Person
Title of Officer/Re	presentative	_
Willow Creek Roa	ad	
Address		Address
Philadelphia, TN	37846	
City, State, Zip		City, State, Zip
(215) 777-5678		_
Telephone		Telephone
mia.harris@theta	acorp.com	
Email		Email
Executed in Re	egister's Office	Executed out of Register's Office
before me this		Commonwealth of Pennsylvania } SS:
Deputy for Register		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	extent permitted by law pursuant to 20 Pa.C.S. § 3155, d to Legal Requirement .
02/12/2025 (Date)	
lambdaGroup	
Name or Corporate Fiduciary (if applicable	2)
Signature of Office Representative Lucas Henry Clark Sr.	Signature of Person
Title of Officer/Representative	
Highland Park Road	
Address	Address
Detroit, MI 48201	
City, State, Zip	City, State, Zip
(313) 777-6789	
Telephone	Telephone
lucas.clark@lambdagroup.com	<u> </u>
Email	Email
Executed in Register's Office	Executed out of Register's Office
Sworn to or affirmed and subscribed before me thisday	Commonwealth of Pennsylvania } SS:
of,	Before the undersigned personally appeared the party executing this
Deputy for Register of Wills	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.)

Indiana COUNTY, PENNSYLVANIA

Estate of Kris Warner		, Deceased
The undersigned, sigmaEnterp	orises	, in my capacity/relationship as
. the Estate of the Decedent an respectfully request that Letters		d by law pursuant to 20 Pa.C.S. § 3155, Support.
02/13/2025 (Date)		
(Date)		
sigmaEnterprises		
Name or Corporate Fiduciary (if	applicable)	
Signature of Office Representative Benjamin Ow		gnature Person
Title of Officer/Representative		
Evergreen Terrace		
Address	Ad	ldress
Phoenix, AZ 85003	_	
City, State, Zip	Cit	ty, State, Zip
(602) 777-4567	_	
Telephone	Te	lephone
benjamin.white@sigmaenterpr	rises.com	
Email	En	nail
Executed in Register's Offi	ice E	xecuted out of Register's Office
Sworn to or affirmed and subsc before me this day	Ca	ommonwealth of Pennsylvania } SS:
Deputy for Register of Wills	ap re	fore the undersigned personally peared the party executing this nunciation and certified that he or she ecuted the renunciation for the purposes ated within on this
	of_	
		otary Public / Commission Expires:
	ad	gnature and Seal of Notary or other official qualified to minister ths. Show date of expiration of Notary's commission.)

Indiana COUNTY, PENNSYLVANIA		
Estate of	Kris Warner	, Deceased
Tla		in my canacity/relationship as

The undersigned, omicronSolutions	, in my capacity/relationship as
. the Estate of the Decedent and, to the extent respectfully request that Letters be issued to Pe	permitted by law pursuant to 20 Pa.C.S. § 3155,
02/14/2025 (Date)	_
omicronSolutions	<u>.</u>
Name or Corporate Fiduciary (if applicable)	
Signature of Office Representative Ava Scarlett Miller Jr.	Signature of Person
Title of Officer/Representative	-
Ocean Breeze Avenue	
Address	Address
Miami, FL 33101	
City, State, Zip	City, State, Zip
(305) 777-2345	
Telephone	Telephone
ava.miller@omicronsolutions.com	
Email	Email
Executed in Register's Office	Executed out of Register's Office
Sworn to or affirmed and subscribed before me thisday	Commonwealth of Pennsylvania } 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.)

Estate of Kris Warner	, Decease
The undersigned, zetaConsulting (Name or Corporal	, in my capacity/relationship a
	permitted by law pursuant to 20 Pa.C.S. § 3155,
02/15/2025 (Date)	_
zetaConsulting Name or Corporate Fiduciary (if applicable)	
Signature of Office Representative Liam Noah Anderson Jr.	Signature of Person
Title of Officer/Representative	
Mountain View Drive	
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	Executed out of Register's Office
Sworn to or affirmed and subscribed before me thisday	County of SS:
of 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.)

Estate of Kris Warner	, Deceased
The undersigned, Sophia Grace Martinez J	
	he extent permitted by law pursuant to 20 Pa.C.S. § 3155, o Travel Authorization .
02/16/2025 (Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Office Representative	Signature Sophia Grace Martinez Jr. of Person
Title of Officer/Representative	
	Lakeview Street
Address	Address
	Miami, FL 33101
City, State, Zip	City, State, Zip
	(305) 777-1234
Telephone	Telephone
	sophia.martinez@yahoo.com
Email	Email
Executed in Register's Office	Executed out of Register's Office
Sworn to or affirmed and subscribed before me thisday	County of SS:
of	Before the undersigned personally appeared the party executing this
Deputy for Register of Wills	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.)

Estate of Kris Warner		, Deceased
The undersigned, Matthew Jose	eph White Sr.	, in my capacity/relationship as
	ent and, to the extent permitted be be issued to Educational Purpo	y law pursuant to 20 Pa.C.S. § 3155, pse.
02/17/2025 (Date)		
Name or Corporate Fiduciary (if	applicable)	
Signature of Office Representative		Matthew Joseph White Sr.
Title of Officer/Representative	OI Person	
Title of Officer/Nepresentative	Main Stree	et
Address	Address Seattle, W	/A 98101
City, State, Zip	City, State, (206) 555	
Telephone	Telephone matt.whit	e@gmail.com
Email	Email	
Executed in Register's Offi Sworn to or affirmed and subscribefore me this day	ribed <i>Commonwe</i>	out of Register's Office ealth of Pennsylvania } SS:
of,	. Before the	undersigned personally he party executing this
Deputy for Register of Wills	renunciatio executed the stated with	n and certified that he or she he renunciation for the purposes in on this day
	Notary Pub My Commis	lic ssion Expires:
	administer	nd Seal of Notary or other official qualified to date of expiration of Notary's commission.)

Estate of Kris Warner	, Deceased
The undersigned, Olivia Elizabeth Garcia Jr.	, in my capacity/relationship as
None. the Estate of the Decedent and, to the expectfully request that Letters be issued to <u>Ba</u>	xtent permitted by law pursuant to 20 Pa.C.S. § 3155,
02/18/2025	
(Date)	-
Name or Corporate Fiduciary (if applicable)	
Signature of Office Representative	Signature Olivia Elizabeth Garcia Jr. of Person
Title of Officer/Representative	Sunset Boulevard
Address	Address
Address	Phoenix, AZ 85003
 City, State, Zip	City, State, Zip
	(602) 555-6789
Telephone	Telephone
	olivia.garcia@gmail.com
Email	Email
Executed in Register's Office	Executed out of Register's Office
Sworn to or affirmed and subscribed before me thisday	Commonwealth of Pennsylvania } SS:
of	Before the undersigned personally appeared the party executing this
Deputy for Register of Wills	renunciation and certified that he or she executed the renunciation for the purposes stated within on this day
	of, day
	Notary Public My Commission Expires:
	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 Kris Wa	arner	, Decease
The undersigned,	Isabella Natalie Rodriguez Jr.	, in my capacity/relationship a
	of the Decedent and, to the extenst that Letters be issued to Famil	nt permitted by law pursuant to 20 Pa.C.S. § 3155,
02/19/2025 (Date)		
Name or Corporat	e Fiduciary (if applicable)	
Signature of Office Representative	<u> </u>	Signature Isabella Natalie Rodriguez Jr. of Person
Title of Officer/Rep	presentative	Hilltop Drive
Address		Address Denver, CO 80202
City, State, Zip		City, State, Zip (303) 987-6543
Telephone		Telephone isabella.rodriguez@company.com
Email		Email
Executed in Re Sworn to or affirm before me this	ed and subscribed	Executed out of Register's Office Commonwealth of Pennsylvania County of SS:
of		Before the undersigned personally appeared the party executing this renunciation and certified that he or she
Deputy for Registe	er or wills	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.)

Estate of Kris Warner	, Deceased
The undersigned, Christopher Daniel Lee Sr.	, in my capacity/relationship as
None. the Estate of the Decedent and, to the expectfully request that Letters be issued to Go	xtent permitted by law pursuant to 20 Pa.C.S. § 3155,
02/20/2025	_
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Office Representative	Signature Christopher Daniel Lee Sr. of Person
Title of Officer/Representative	
	Broadway Avenue
Address	Address
	Los Angeles, CA 90001
City, State, Zip	City, State, Zip
	(213) 999-8765
Telephone	Telephone
	chris.lee@outlook.com
Email	Email
Executed in Register's Office	Executed out of Register's Office
Sworn to or affirmed and subscribed before me thisday	County of SS:
of	Before the undersigned personally appeared the party executing this
Deputy for Register of Wills	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.)