



RENUNCIATION REGISTER OF WILLS OF Indiana COUNTY, PENNSYLVANIA

Estate of William John, Deceased

The undersigned, sigmaEnterprises, in my capacity/relationship as
(Name or Corporate Name)
_____ 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 Medical Emergency.

02/11/2025

(Date)

sigmaEnterprises
Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative **Benjamin Owen White, Sr.**

Title of Officer/Representative

Evergreen Terrace

Address

Phoenix, AZ 85003

City, State, Zip

(602) 777-4567

Telephone

benjamin.white@sigmaenterprises.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, lambdaGroup, in my capacity/relationship as

(Name or Corporate Name)

_____ 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 Legal Requirement.

02/12/2025

(Date)

lambdaGroup

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative Lucas Henry Clark, Sr.

Title of Officer/Representative

Highland Park Road

Address

Detroit, MI 48201

City, State, Zip

(313) 777-6789

Telephone

lucas.clark@lambdagroup.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, omicronSolutions, in my capacity/relationship as
(Name or Corporate Name)

_____ 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)

omicronSolutions

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative **Ava Scarlett Miller, Jr.**

Title of Officer/Representative

Ocean Breeze Avenue

Address

Miami, FL 33101

City, State, Zip

(305) 777-2345

Telephone

ava.miller@omicronsolutions.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, thetaCorporation, in my capacity/relationship as
(Name or Corporate Name)

_____.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 Personal Request.

02/14/2025

(Date)

thetaCorporation

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative Mia Isabella Harris, Sr.

Title of Officer/Representative

Willow Creek Road

Address

Philadelphia, TN 37846

City, State, Zip

(215) 777-5678

Telephone

mia.harris@thetacorp.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, zetaConsulting, in my capacity/relationship as
(Name or Corporate Name)

_____ 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 Work Requirement.

02/15/2025

(Date)

zetaConsulting

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative Liam Noah Anderson, Jr.

Title of Officer/Representative

Mountain View Drive

Address

Seattle, WA 98101

City, State, Zip

(206) 777-1234

Telephone

liam.anderson@zetaconsulting.com

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature
of Person

Address

City, State, Zip

Telephone

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, Sophia Grace Martinez, Jr., in my capacity/relationship as
(Name or Corporate Name)

None 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 Travel Authorization.

02/16/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature of Person **Sophia Grace Martinez, Jr.**

Lakeview Street

Address

Miami, FL 33101

City, State, Zip

(305) 777-1234

Telephone

sophia.martinez@yahoo.com

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, Isabella Natalie Rodriguez, Jr., in my capacity/relationship as
(Name or Corporate Name)

None 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 Educational Purpose.

02/17/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature of Person **Isabella Natalie Rodriguez, Jr.**

Hilltop Drive

Address

Denver, CO 80202

City, State, Zip

(303) 987-6543

Telephone

isabella.rodriguez@company.com

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:
}

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 William John, Deceased

The undersigned, Matthew Joseph White, Sr., in my capacity/relationship as
(Name or Corporate Name)

None 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 Banking Documentation.

02/18/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature of Person **Matthew Joseph White, Sr.**

Main Street

Address

Seattle, WA 98101

City, State, Zip

(206) 555-1234

Telephone

matt.white@gmail.com

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:
}

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 William John, Deceased

The undersigned, Christopher Daniel Lee, Sr., in my capacity/relationship as
(Name or Corporate Name)

None 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 Family Consent.

02/19/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature of Person **Christopher Daniel Lee, Sr.**

Broadway Avenue

Address

Los Angeles, CA 90001

City, State, Zip

(213) 999-8765

Telephone

chris.lee@outlook.com

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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 William John, Deceased

The undersigned, Olivia Elizabeth Garcia, Jr., in my capacity/relationship as
(Name or Corporate Name)

None 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 Government Processing.

02/20/2025

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Officer/
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Executed in Register's Office

Sworn to or affirmed and subscribed
before me this _____ day
of _____, _____.

Deputy for Register of Wills

Signature of Person **Olivia Elizabeth Garcia, Jr.**

Sunset Boulevard

Address

Phoenix, AZ 85003

City, State, Zip

(602) 555-6789

Telephone

olivia.garcia@gmail.com

Email

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

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: _____

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oaths. Show date of expiration of Notary's commission.)