

Estate of William John	, Deceased
The undersigned, lambdaGroup	, in my capacity/relationship as
of the above D	Decedent, hereby renounce the right to administer littled 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 Penthouse 1	Address
Address	City, State, Zip
Detroit, MI 48201	
City, State, Zip	Telephone
(313) 777-6789 Telephone lucas.clark@lambdagroup.com	Email
Email	Executed out of Register's Office
Executed in Register's Office Sworn to or affirmed and subscribed	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

Estate of William John	, Deceased
The undersigned, omicronSolutions	, in my capacity/relationship as
·	•
	ecedent, hereby renounce the right to administer tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/12/2025 (Date)	
omicronSolutions Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Ava Scarlett Miller, Jr. Representative	Signature of Person
Title of Officer/Representative	Address
Ocean Breeze Avenue Building C	Address
Address	City, State, Zip
Miami, FL 33101	
City, State, Zip	Telephone
(305) 777-2345	
Telephone	Email
ava.miller@omicronsolutions.com	<u> </u>
Email	
Executed in Register's Office	Executed out of Register's Office
_	County of Pennsylvania } 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
, , ,	of, 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

Estate of William John	, Deceased
The undersigned, zetaConsulting (Name or Corpo	, in my capacity/relationship as
·	,
	cedent, hereby renounce the right to administer ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/13/2025 (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	City, State, Zip
Seattle, WA 98101	
City, State, Zip	 Telephone
(206) 777-1234	
Telephone	 Email
liam.anderson@zetaconsulting.com	<u>_</u>
Ēmail	5
Executed in Register's Office	Executed out of Register's Office
-	Commonwealth of Pennsylvania } 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 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

Estate of William John	, Deceased
The undersigned, sigmaEnterprises (Name or Corpor	, in my capacity/relationship as
	edent, hereby renounce the right to administer ed 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 Apt 22	Address
Address Phoenix, AZ 85003	City, State, Zip
City, State, Zip (602) 777-4567	Telephone
Telephone benjamin.white@sigmaenterprises.com	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

Estate of William John	, Deceased
The undersigned, thetaCorporation (Name or Con	, 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 Unit 6	Address
Address	City, State, Zip
Philadelphia, TN 37846 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	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.)

Estate of William John	, Deceased
The undersigned, Isabella Natalie Rodriguez,	Jr. , in my capacity/relationship as
None .of the above	ve Decedent, hereby renounce the right to administer permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/16/2025 (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 Email
Telephone	Executed out of Register's Office
Email Evacuted in Parietor's Office	County of } Ss:
Executed in Register's Office Sworn to or affirmed and subscribed 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.)

Estate of Willi am John	, Deceased
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 Educational Purpo	
02/17/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
O'mark mark (Office of	Signature Christopher Daniel Lee Sr
Signature of Officer/ Representative	Signature Christopher Daniel Lee, Sr. of Person
•	Broadway Avenue
Title of Officer/Representative	Suite 300
	Address
	Los Angeles, CA 90001 City, State, Zip
Address	(213) 999-8765
	Telephone
City, State, Zip	chris.lee@outlook.com
	Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } SS:
Executed in Register's Office	County of }
Sworn to or affirmed and subscribed	Before the undersigned personally
before me this day	appeared the party executing this 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
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 Willi am John	, Deceased
The undersigned, Sophia Grace Martinez,	Jr. , 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 Banking Documen	
02/18/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
rame of corporate riduciary (ii applicable)	
Signature of Officer/	Signature Sophia Grace Martinez, Jr.
Representative	of Person
	Lakeview Street
Title of Officer/Representative	Apt 12C
This of Smooth toprocessing are	Address
	Miami, FL 33101
	City, State, Zip
Address	(305) 777-1234
	Telephone
City, State, Zip	sophia.martinez@yahoo.com Email
Telephone	Freezistad aut of Paristanta Office
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } County of SS:
Executed in Register's Office	}
Sworn to or affirmed and subscribed	Before the undersigned personally
before me this day	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	, Deceased
The undersigned, Olivia Elizabeth Garcia, Jr.	, in my capacity/relationship as
None of the above	e Decedent, hereby renounce the right to administer ermitted 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	Sunset Boulevard Penthouse 1A Address Phoenix, AZ 85003
Address	City, State, Zip (602) 555-6789 Telephone
City, State, Zip	olivia.garcia@gmail.com Email
Telephone	Executed out of Register's Office
Email Executed in Pagistar's Office	Commonwealth of Pennsylvania } County of } SS:
Executed in Register's Office Sworn to or affirmed and subscribed 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.)

Estate of William John			, Deceased	d
The undersigned, Matthew Josep	oh White, Sr.		, in my capacity/rela	tionship as
NI	(Name or Corporate Name	,	4b - stub4 4 doctot-4	
None		-	nce the right to administer	illy request
the Estate of the Decedent and, to that Letters be issued to Governm		iaw pursuani id	20 Pa.C.S. § 3155, respectit	ully request
that Letters be issued to Governing	ent i locessing			'
02/20/2025				
(Date)				
Name or Corporate Fiduciary (if applica	able)			
, , , , , ,	,			
Signature of Officer/		Signature	Matthew Joseph White, Sr.	
Representative		of Person	matthew occopii vvinte, ci.	
·		Main Street		
		Office 45B		
Title of Officer/Representative		Address		
		Seattle, WA	98101	
		City, State, Zip		
Address		(206) 555-12		
		Telephone		
City, State, Zip		matt.white@g	gmail.com	
-		Email	<u> </u>	
 Telephone				
relephone		Executed of	ut of Register's Office	
			•	
Email			alth of Pennsylvania } }	SS:
Executed in Register's Office		County of	}	
-		Before the u	ndersigned personally	
Sworn to or affirmed and subscrib	ed		e party executing this	
before me this	_day		and certified that he or she	
of,	·		renunciation for the purposes	
			on this	day
Denote for Denister of Wills		of		·
Deputy for Register of Wills				
		Notary Public	 C	
			sion Expires:	
		oaths. Show date of	al of Notary or other official qualified to admin of expiration of Notary's commission.)	