

**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

Signature  
of Person

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

***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  
a/k/a Jonny

The undersigned, lambdaGroup, in my capacity/relationship as  
(Name or Corporate Name)  
. 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 Office  
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

Signature  
of Person

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

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*County of* \_\_\_\_\_ } SS:

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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  
a/k/a Jonny

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

Signature  
of Person

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

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*County of* \_\_\_\_\_ } SS:

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\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

Signature  
of Person

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

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*County of* \_\_\_\_\_ } SS:

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of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
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administer  
oaths. Show date of expiration of Notary's commission.)

**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

Signature  
of Person

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

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Commonwealth of Pennsylvania }  
County of \_\_\_\_\_ } SS:

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of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

(Signature and Seal of Notary or other official qualified to  
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**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

**None.** 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 Office  
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

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

**Lakeview Street**

Address

**Miami, FL 33101**

City, State, Zip

**(305) 777-1234**

Telephone

**sophia.martinez@yahoo.com**

Email

***Executed in Register's Office***

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

Deputy for Register of Wills

***Executed out of Register's Office***

Commonwealth of Pennsylvania }  
County of \_\_\_\_\_ } SS:

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of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

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**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

**None.** 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 Office  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature **Isabella Natalie Rodriguez Jr.**  
of Person

**Hilltop Drive**

\_\_\_\_\_  
Address

**Denver, CO 80202**

\_\_\_\_\_  
City, State, Zip

**(303) 987-6543**

\_\_\_\_\_  
Telephone

**isabella.rodriguez@company.com**

\_\_\_\_\_  
Email

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*County of* \_\_\_\_\_ } **SS:**

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of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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\_\_\_\_\_  
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**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

**None.** 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 Office  
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

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

**Main Street**

Address

**Seattle, WA 98101**

City, State, Zip

**(206) 555-1234**

Telephone

**matt.white@gmail.com**

Email

***Executed in Register's Office***

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

Deputy for Register of Wills

***Executed out of Register's Office***

Commonwealth of Pennsylvania }  
County of \_\_\_\_\_ } SS:

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of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

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**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

**None.** 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 Office  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of **Christopher Daniel Lee Sr.**  
of Person

**Broadway Avenue**

\_\_\_\_\_  
Address

**Los Angeles, CA 90001**

\_\_\_\_\_  
City, State, Zip

**(213) 999-8765**

\_\_\_\_\_  
Telephone

**chris.lee@outlook.com**

\_\_\_\_\_  
Email

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

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*Commonwealth of Pennsylvania* }  
*County of* \_\_\_\_\_ } **SS:**

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\_\_\_\_\_  
Notary Public

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**RENUNCIATION  
REGISTER OF WILLS OF  
Indiana COUNTY, PENNSYLVANIA**

Estate of William John, Deceased  
a/k/a Jonny

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

**None.** 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 Office  
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

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

**Sunset Boulevard**

Address

**Phoenix, AZ 85003**

City, State, Zip

**(602) 555-6789**

Telephone

**olivia.garcia@gmail.com**

Email

***Executed in Register's Office***

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

\_\_\_\_\_  
Deputy for Register of Wills

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Commonwealth of Pennsylvania }  
County of \_\_\_\_\_ } SS:

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stated within on this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
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