

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises (Name or Corpor	, in my capacity/relationship as
of the above Dec	edent, hereby renounce the right to administer
	bd by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/11/2025	
(Date)	
sigmaEnterprises Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Benjamin Owen White, Sr. Representative	Signature of Person
Title of Officer/Representative	<u>-</u>
Evergreen Terrace	Address
Address	City, State, Zip
Phoenix, AZ 85003	
City, State, Zip	- Telephone
(602) 777-4567	
Telephone	Email
benjamin.white@sigmaenterprises.com	-
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania
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.)

RENUNCIATION REGISTER OF WILLS OF

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, omicronSolutions (Name or Cor,	, 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
02/12/2025	
(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	
City, State, Zip	Telephone
(305) 777-2345	
Telephone	Email
ava.miller@omicronsolutions.com Email	<u> </u>
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania } SS:
Sworn to or affirmed and subscribed	County of
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.)

Form **RW-06** rev. 01.01.20

Estate of William John , Deceased a/k/a Jonny , in my capacity/relationship as The undersigned, thetaCorporation (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) thetaCorporation Name or Corporate Fiduciary (if applicable) Signature of Officer/ Signature Mia Isabella Harris, Sr. of Person Representative Title of Officer/Representative Address Willow Creek Road City, State, Zip Address Philadelphia, TN 37846 City, State, Zip Telephone (215) 777-5678 Telephone **Email** mia.harris@thetacorp.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 day 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 Deputy for Register of Wills day Notary Public

(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's commission.)

My Commission Expires: _____

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) _____.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) lambdaGroup Name or Corporate Fiduciary (if applicable) Signature of Officer/ Lucas Henry Clark, Sr. Signature of Person Representative Title of Officer/Representative Address Highland Park Road City, State, Zip Address Detroit, MI 48201 City, State, Zip Telephone (313) 777-6789 Telephone **Email** lucas.clark@lambdagroup.com Email Executed out of Register's Office Executed in Register's Office

Sworn to or affirmed and subscribed before me this day

Deputy for Register of Wills

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting	, in my capacity/relationship as
(Name or Corpo	,
	edent, hereby renounce the right to administer ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/15/2025	
(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	Address
Address	City, State, Zip
Seattle, WA 98101	
City, State, Zip	Telephone
(206) 777-1234	
Telephone	Email
liam.anderson@zetaconsulting.com	_
Email	Evacuted out of Pagistar's Office
Evacuted in Pagistor's Office	Executed out of Register's Office
Executed in 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.)

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Matthew Joseph White, Sr.	, in my capacity/relationship a
· ·	Decedent, hereby renounce the right to administer
	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully reques
that Letters be issued to Travel Authorization	
mat zettere pe iesaea te <u>mater namenzanen</u>	
02/16/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Matthew Joseph White, Sr.
Representative	of Person
	Main Street
Title of Officer/Representative	
The of officernopresentative	Address
	Seattle, WA 98101
	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	
Sworn to or affirmed and subscribed	Before the undersigned personally 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	· · · · · · · · · · · · · · · · · · ·
	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		
a/k/a Jonny			
The undersigned, Isabella Natalie Rodrigu	ez, Jr. , in my capacity/relationship as		
	of the above Decedent, hereby renounce the right to administer sedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully required.		
that Letters be issued to Educational Purpo			
02/17/2025			
(Date)			
Name or Corporate Fiduciary (if applicable)			
Signature of Officer/ Representative	Signature Isabella Natalie Rodriguez, Jr. of Person		
	Hilltop Drive		
The of Officer/Representative	Address		
	Denver, CO 80202		
Address	City, State, Zip		
Addiess	(303) 987-6543 Telephone		
City, State, Zip	isabella.rodriguez@company.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 thisday	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		
	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
a/k/a Jonny	
The undersigned, Christopher Daniel Lee	e, Sr. , in my capacity/relationship as
None .of the	above Decedent, hereby renounce the right to administer
	tent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to Banking Docume	
02/18/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Christopher Daniel Lee, Sr. of Person
Representative	011 010011
	Broadway Avenue
Title of Officer/Representative	
	Address
	Los Angeles, CA 90001
Address	City, State, Zip
Address	(213) 999-8765
01. 01.1.7	Telephone
City, State, Zip	chris.lee@outlook.com Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania
Executed in Register's Office	County of } SS:
· ·	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
D. I. C. D. I. L. C.MCIII	_ 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
a/k/a Jonny	
The undersigned, Sophia Marie Thomps	on, Jr. , in my capacity/relationship as
None .of th	e above Decedent, hereby renounce the right to administer
	tent 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 Sophia Marie Thompson, Jr. of Person
	Lake Shore Drive
Title of Officer/Representative	Address
	Chicago, IL 60611
	City, State, Zip
Address	(312) 555-6789 Telephone
City, State, Zip	sophia.thompson@phoenixind.com Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } SS:
Executed in Register's Office	County of } SS:
Sworn to or affirmed and subscribed	Before the undersigned personally
before me this day	appeared the party executing this
of,	renunciation and certified that he or she 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		, Dece	eased
a/k/a Jonny			
The undersigned, Alexande	The undersigned, Alexander James Henderson, Sr. (Name or Corporate Name)		//relationship as
None	of the above Decedent, hereby renounce the right to administer		
the Estate of the Decedent a that Letters be issued to Go		by law pursuant to 20 Pa.C.S. § 3155, res	pectfully request
02/20/2025			
(Date)			
Name or Corporate Fiduciary (if	applicable)		
Signature of Officer/ Representative		Signature Alexander James Hender of Person	son, Sr.
		Pine Street	
Title of Officer/Representative		Address	
		Seattle, WA 98101	
		City, State, Zip	
Address		(206) 456-7890	
Otto Ottobo 7tm		Telephone	
City, State, Zip		alex.henderson@omegacorp.com Email	
Telephone			
		Executed out of Register's Office	
Email		Commonwealth of Pennsylvania	} } <i>SS:</i>
Executed in Register's Offi	ice	County of	} 33. }
Sworn to or affirmed and sul		Before the undersigned personally	
before me this		appeared the party executing this	.ha
of,		renunciation and certified that he or sexecuted the renunciation for the purp	
· · · · · · · · · · · · · · · · · · ·	·	stated within on this	
		of,	,
Deputy for Register of Wills			
		Notary Public My Commission Expires:	
		(Signature and Seal of Notary or other official qualified to oaths. Show date of expiration of Notary's commission.)	administer