

| Estate of William John | , Deceased |
|--|--|
| The undersigned, sigmaEnterprises (Name or Corpor. | , in my capacity/relationship as |
| · · · | edent, hereby renounce the right to administer |
| the Estate of the Decedent and, to the extent permitte that Letters be issued to Medical Emergency | d 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 | - |
| Evergreen Terrace | Address |
| Address | City, State, Zip |
| Phoenix, AZ 85003 | |
| City, State, Zip | Telephone |
| (602) 777-4567 | |
| Telephone | Email |
| benjamin.white@sigmaenterprises.com | _ |
| Email | Executed out of Pagistar's Office |
| Executed in Register's Office | Executed out of Register's Office |
| · · | Commonwealth of Pennsylvania } County of 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.) |

| Estate of William John | , Deceased |
|---|--|
| The undersigned, lambdaGroup | , 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) | |
| 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 | Address |
| Address | City, State, Zip |
| Detroit, MI 48201 | |
| City, State, Zip | Telephone |
| (313) 777-6789 | <u> </u> |
| Telephone | Email |
| lucas.clark@lambdagroup.com | <u></u> |
| Email | Executed out of Register's Office |
| Executed in Register's Office | Commonwealth of Pennsylvania } |
| _ | County of SS: |
| Sworn to or affirmed and subscribed | } |
| 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 |
| | (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, omicronSolutions | , in my capacity/relationship as |
| (Name or Cor | rporate Name) |
| | ecedent, hereby renounce the right to administer tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request |
| 02/13/2025 | |
| (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 | <u> </u> |
| Ēmail | Evacuted out of Pagistar's Office |
| Executed in Register's Office | Executed out of Register's Office |
| _ | Commonwealth of Pennsylvania } County of } SS: |
| Sworn to or affirmed and subscribed | } |
| 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 |

(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 |
|---|---|
| The undersigned, thetaCorporation | , 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 |
| 02/14/2025 (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 | Address |
| Address | City, State, Zip |
| Philadelphia, TN 37846 | |
| City, State, Zip | Telephone |
| (215) 777-5678 | |
| Telephone | Email |
| mia.harris@thetacorp.com | <u> </u> |
| Email | 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 this day | Potent the analysis of many and the |
| 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 |
|---|---|
| The undersigned, zetaConsulting (Name or Corpo | , in my capacity/relationship as |
| of the above Dec | cedent, 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 | _ |
| Litiali | 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 this day | 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 |
| Doputy for regions of ville | 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, Sophia Grace Martinez, | Jr. , in my capacity/relationship as |
| , | Name or Corporate Name) Nove Decedent, hereby renounce the right to administer |
| | nt 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 Sophia Grace Martinez, Jr. of Person |
| | Lakeview Street |
| Title of Officer/Representative | Address |
| | Miami, FL 33101 |
| Address | City, State, Zip |
| Address | (305) 777-1234 Telephone |
| City, State, Zip | sophia.martinez@yahoo.com Email |
| Telephone | |
| | Executed out of Register's Office |
| Email | Commonwealth of Pennsylvania } County of SS: |
| Executed in Register's Office | Before the undersigned personally |
| Sworn to or affirmed and subscribed | appeared the party executing this |
| before me thisday 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 | 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, <u>Isabella Natalie Rodriguez</u> , | Jr. , in my capacity/relationship as |
| | ove Decedent, hereby renounce the right to administer permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request |
| 02/17/2025 (Date) | |
| Name or Corporate Fiduciary (if applicable) | |
| Signature of Officer/ Representative | Signature Isabella Natalie Rodriguez, Jr. of Person |
| Title of Officer/Representative | Address Denver, CO 80202 |
| Address | City, State, Zip (303) 987-6543 Telephone |
| City, State, Zip | isabella.rodriguez@company.com Email |
| Telephone | Executed out of Register's Office |
| Email Executed in Register's Office | County of } SS: |
| Sworn to or affirmed and subscribed 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 Willi am John | , Deceased |
|---|---|
| The undersigned, Matthew Joseph White, S | r. , in my capacity/relationship as |
| · · | pove Decedent, hereby renounce the right to administer |
| | t permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request |
| that Letters be issued to Banking Documenta | tion |
| | |
| 02/18/2025 | |
| (Date) | |
| | |
| Name or Corporate Fiduciary (if applicable) | |
| Hame of corporate Flaudary (II applicable) | |
| Signature of Officer/ | Signature Matthew Joseph White, Sr. |
| Representative | of Person |
| | Main Street |
| Title of Officer/Representative | Address |
| | Seattle, WA 98101 |
| | City, State, Zip |
| Address | (206) 555-1234 |
| City State 7in | Telephone |
| City, State, Zip | matt.white@gmail.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 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 | , Deceased |
|---|--|
| The undersigned, Christopher Daniel Lee, Sr. | , in my capacity/relationship as |
| None of the abo | ove Decedent, hereby renounce the right to administer permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request |
| (Date) | |
| Name or Corporate Fiduciary (if applicable) | |
| Signature of Officer/ Representative | Signature Christopher Daniel Lee, Sr. of Person |
| Title of Officer/Representative | 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 Executed in Register's Office | Commonwealth of Pennsylvania } County of |
| 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 <u>William John</u> | , Deceased |
|---|---|
| The undersigned, Olivia Elizabeth Garcia, J | r. , in my capacity/relationship as |
| | bove Decedent, hereby renounce the right to administer |
| | at permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request |
| (Date) | |
| Name or Corporate Fiduciary (if applicable) | |
| Signature of Officer/ Representative | Signature Olivia Elizabeth Garcia, Jr. of Person |
| | Sunset Boulevard |
| Title of Officer/Representative | Address |
| | Phoenix, AZ 85003 |
| Address | City, State, Zip |
| Address | (602) 555-6789 Telephone |
| City, State, Zip | olivia.garcia@gmail.com Email |
| Telephone | |
| | Executed out of Register's Office |
| Email | Commonwealth of Pennsylvania } County of SS: |
| Executed in Register's Office | 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 |
| | 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.) |