

**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:

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, 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:

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
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stated within on this _____ day
of _____, _____.

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:**

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
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**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

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
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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:**

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
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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:**

Before the undersigned personally
appeared the party executing this
renunciation and certified that he or she
executed the renunciation for the purposes
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of _____, _____.

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, 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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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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**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 **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

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } SS:

Before the undersigned personally
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Notary Public

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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, 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

Executed out of Register's Office

Commonwealth of Pennsylvania }
County of _____ } **SS:**

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