

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, <u>lambdaGroup</u> (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
02/11/2025	
(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	Address
Address	City, State, Zip
Detroit, MI 48201	
City, State, Zip	Telephone
(313) 777-6789	
Telephone	Email
lucas.clark@lambdagroup.com Email	<u> </u>
	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
Donata for Doniston of Wills	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	<del></del>
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

#### RENUNCIATION REGISTER OF WILLS OF

#### Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting (Name or Corp.	, in my capacity/relationship as
,	cedent, hereby renounce the right to administer
	red 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	<del>-</del> 
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	_
LITMII	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
D. ( C. D. ) ( C. D. )	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

, Deceased

The undersigned, sigmaEnterprises	, in my capacity/relationship as
	Corporate Name)
	Decedent, hereby renounce the right to administer
tne Estate of the Decedent and, to the extent pern that Letters be issued to <b>Personal Request</b>	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
indic Editors be losaed to Tersonal Medicot	<u>.                                    </u>
02/14/2025	
(Date)	
sigmaEnterprises	
Name or Corporate Fiduciary (if applicable)	
, , , , , ,	
Signature of Officer/ Benjamin Owen White, Sr.	Signature
Representative	of Person
Title of Officer/Representative	
	Address
Evergreen Terrace	
Address	City, State, Zip
Phoenix, AZ 85003	
City, State, Zip	 Telephone
(602) 777-4567	
Telephone	Email
benjamin.white@sigmaenterprises.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 thisday	Before the undersigned personally appeared the party executing this
of	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

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, thetaCorporation (Name or Col	, 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	<del></del>
Willow Creek Road	Address
Address	City, State, Zip
Philadelphia, TN 37846	
City, State, Zip	Telephone
(215) 777-5678	
Telephone	Email
mia.harris@thetacorp.com	
Email	Free with all and of Demistrate Office
Fire system in Demisters'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 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	
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, <u>Isabella Natalie Rodrig</u>	ez, 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
02/16/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Isabella Natalie Rodriguez, Jr. of Person
	Hilltop Drive
Title of Officer/Representative	Address
	Denver, CO 80202
	City, State, Zip
Address	(303) 987-6543
	Telephone
City, State, Zip	isabella.rodriguez@company.com Email
	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
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, Sr.	or Corporate Name) , in my capacity/relationship as
	Decedent, hereby renounce the right to administer
	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to	
0.0	
(Date)	
Name or Corporate Eidusiany (if applicable)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Christopher Daniel Lee, Sr.
Representative	of Person
·	Broadway Avenue
Title of Officer/Representative	Bloadway Avenue
The 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	Commonwealth of Pennsylvania } SS:
Executed in Register's Office	County of }
	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 executed the renunciation for the purposes
of	
	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
a/k/a Jonny	
The undersigned, Sophia Grace Martinez, 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
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Sophia Grace Martinez, Jr.  Lakeview Street
Title of Officer/Representative	Address  Miami, FL 33101  City, State, Zip
Address	(305) 777-1234 Telephone
City, State, Zip	sophia.martinez@yahoo.com Email
Telephone	Executed out of Register's Office
Email  Executed in Register's Office  Sworn to or affirmed and subscribed before me thisday of	County 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
a/k/a Jonny	
The undersigned, Olivia Elizabeth Garcia, Jr.	, in my capacity/relationship as
	ve 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 Olivia Elizabeth Garcia, Jr.
Title of Officer/Representative	Address Phoenix, AZ 85003
Address	
City, State, Zip	olivia.garcia@gmail.com Email
Telephone	Executed out of Register's Office
Email  Executed in Register's Office  Sworn to or affirmed and subscribed before me thisday of	Commonwealth of Pennsylvania } County 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
a/k/a Jonny	
The undersigned, Matthew Joseph White, Sr.	, 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
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Matthew Joseph White, Sr. of Person  Main Street
Title of Officer/Representative	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  Executed in Register's Office  Sworn to or affirmed and subscribed before me thisday of	County of
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.)