

| 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<br>Name or Corporate Fiduciary (if applicable) |   |
| Signature of Officer/ Benjamin Owen White, Sr. Representative   | Signature<br>of Person  |
| Title of Officer/Representative                                 | <u>-</u>  |
| Evergreen Terrace   | Address   |
| Address   | City, State, Zip  |
| Phoenix, AZ 85003   |   |
| City, State, Zip  | -<br>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.) |

| Estate of William John                                      | , Deceased  |
|---|---|
| a/k/a Jonny   |   |
| The undersigned, lambdaGroup                                | , in my capacity/relationship as  |
|   | rporate Name)   |
|   | ecedent, hereby renounce the right to administer tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request                |
| 02/12/2025  |   |
| (Date)  |   |
| lambdaGroup<br>Name or Corporate Fiduciary (if applicable)  |   |
| Signature of Officer/ Lucas Henry Clark, Sr. Representative | Signature of Person   |
|   | <del>_</del>  |
| Highland Park Road  | Address   |
| Address   | City, State, Zip  |
| Detroit, MI 48201   |   |
| City, State, Zip  | Telephone   |
| (313) 777-6789  |   |
| Telephone   | <br>Email   |
| lucas.clark@lambdagroup.com                                 |   |
| Email .   | <del>_</del>  |
|   | 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.) |

| Estate of William John  | , Deceased   |
|---|--|
| a/k/a <mark>Jonny</mark>  |  |
| The undersigned, omicronSolutions                               | , in my capacity/relationship as   |
| · ·   | ecedent, hereby renounce the right to administer   |
|   | itted by law pursuant to 20 Pa.C.S. § 3155, respectfully request   |
| 02/13/2025  |  |
| (Date)  |  |
| omicronSolutions<br>Name or Corporate Fiduciary (if applicable) |  |
| Signature of Officer/ Ava Scarlett Miller, Jr. Representative   | Signature<br>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                                 | <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 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, thetaCorporation (Name or Corpor               | , in my capacity/relationship as   |
| ,   | edent, hereby renounce the right to administer   |
|   | ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request  |
| 02/14/2025  |  |
| (Date)  |  |
| thetaCorporation<br>Name or Corporate Fiduciary (if applicable) |  |
| Signature of Officer/ Mia Isabella Harris, Sr. Representative   | Signature<br>of Person   |
| Title of Officer/Representative                                 | <del>-</del><br>   |
| 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   | 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 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   |   |
| 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<br>Name or Corporate Fiduciary (if applicable) |   |
| Signature of Officer/ Liam Noah Anderson, Jr. Representative  | Signature<br>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, Sophia Grace Ma           | tinez, Jr. , in I  | my capacity/relationship as                           |
| None .                                     | of the above Decedent, hereby renounce the right                                   | to administer   |
|  | e extent permitted by law pursuant to 20 Pa.C.S.                                   |   |
| 02/16/2025                                 |  |   |
| (Date)                                     | _  |   |
| Name or Corporate Fiduciary (if applicable | )  |   |
| Signature of Officer/<br>Representative    | Signature Sophia Grace of Person   | e Martinez, Jr.                                       |
|  | Lakeview Street  |   |
| Title of Officer/Representative            | Address  |   |
|  | Miami, FL 33101 City, State, Zip   |   |
| Address                                    | (305) 777-1234<br>Telephone  |   |
| City, State, Zip                           | sophia.martinez@yahoo.co<br>Email  | om .  |
| Telephone                                  |  |   |
|  | Executed out of Registe  | er's Office   |
| Email                                      | Commonwealth of Pennsy   | /Ivania }<br>} SS:                                    |
| Executed in Register's Office              | County of  |   |
| Sworn to or affirmed and subscribed        | Before the undersigned pe  |   |
| before me thisda                           | appeared the party executer appeared the party executer renunciation and certified | · ·   |
| of,  |  |   |
|  | stated within on this  |   |
| Doputy for Dogistor of Willo               | of   |   |
| Deputy for Register of Wills               |  |   |
|  | Notary Public<br>My Commission Expires:  |   |
|  | (Signature and Seal of Notary or other oaths. Show date of expiration of Notar     | official qualified to administer<br>ry's commission.) |

Form **RW-06** rev. 01.01.20

| Estate of William John                      | , Deceased  |
|---|---|
| a/k/a <mark>Jonny</mark>                    |   |
| The undersigned, Isabella Natalie Rodrigu   | 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  |
| 02/17/2025                                  |   |
| (Date)                                      |   |
| Name or Corporate Fiduciary (if applicable) |   |
| Signature of Officer/<br>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 Telephone   |
| City, State, Zip                            | isabella.rodriguez@company.com<br>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, 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/<br>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<br>Telephone   |
| City, State, Zip   | matt.white@gmail.com<br>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.) |

| 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                    |   |
|  |   |
|  |   |
| 20.0   |   |
| (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<br>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 <mark>Jonny</mark>   |  |
| 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<br>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.)  |