

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, lambdaGroup (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	
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	-
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 Personal Request	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
indic Editors be losaed to Tersonal Medicot	·
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 of , .	Before the undersigned personally appeared the party executing this
or	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	
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 a last of Devictoria 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 Willis	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, <u>Isabella Natalie Rodrig</u> u	nez, Jr. , in my capacity/relationship as
None .of the	above Decedent, hereby renounce the right to administer
the Estate of the Decedent and, to the ext that Letters be issued to Travel Authorizati	ent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request on
02/16/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Isabella Natalie Rodriguez, Jr.
	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
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } SS:
Executed in Register's Office	County of } 33.
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.)

, Decea	ised
, in my capacity/r	elationship as
dent, hereby renounce the right to administer	
by law pursuant to 20 Pa.C.S. § 3155, respe	ectfully request
	<u>.</u>
Signature Christophor Daniel Loo Sr	
of Person	
Proodway Avanua	
broadway Averlue	
Address	
Los Angeles, CA 90001	
City, State, Zip	
(213) 999-8765	
•	
chris.lee@outlook.com Email	
Executed out of Register's Office	
	}
County of	} <i>SS:</i>
Refore the undersigned personally	}
• • • • • • • • • • • • • • • • • • • •	
renunciation and certified that he or she	
	day
of,	·
Notary Public	
My Commission Expires:	
(Signature and Seal of Notary or other official qualified to ac oaths. Show date of expiration of Notary's commission.)	dminister
	, in my capacity/r lent, hereby renounce the right to administer by law pursuant to 20 Pa.C.S. § 3155, respect Signature of Person Broadway Avenue Address Los Angeles, CA 90001 City, State, Zip (213) 999-8765 Telephone chris.lee@outlook.com Email Executed out of Register's Office 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 purpostated within on this of Notary Public My Commission Expires:

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, Sophia Grace Martine	z, Jr. , in my capacity/relationship as
None .of the	e above Decedent, hereby renounce the right to administer
	xtent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to Banking Docume	entation
02/18/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
realition of corporate reduciary (in applicable)	
Signature of Officer/	Signature Sophia Grace Martinez, Jr.
Representative	of Person
	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
Talankana	
Telephone	Fire system of the minter of the
Email	Executed out of Register's Office
	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
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 <mark>Jonny</mark>	
The undersigned, Olivia Elizabeth Garc	a, Jr. , in my capacity/relationship as
None .of th	e above Decedent, hereby renounce the right to administer
	xtent 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 Olivia Elizabeth Garcia, Jr. of Person
	Sunset Boulevard
Title of Officer/Representative	Address
	Phoenix, AZ 85003
	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 } SS:
Executed in Register's Office	County of } SS:
Sworn to or affirmed and subscribed	Before the undersigned personally
before me thisday	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	, Deceased
a/k/a Jonny	
The undersigned, Matthew Joseph White	, Sr. , 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
that Letters be issued to Government Pro	
	
02/20/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Matthew Joseph White, Sr. of Person
Representative	011 010011
	Main Street
Title of Officer/Representative	
	Address
	Seattle, WA 98101
Address	City, State, Zip
Addless	(206) 555-1234
Oite Otata 7ia	Telephone
City, State, Zip	matt.white@gmail.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
of	executed the renunciation for the purposes
	stated within on this day
Deputy for Register of Wills	of
Dopaty for Register of Wills	
	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.)