

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises	, in my capacity/relationship as
,	edent, hereby renounce the right to administer
	ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/11/2025	
(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	
(602) 777-4567	
Telephone	Email
benjamin.white@sigmaenterprises.com 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 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
· ·	Corporate Name)
	Decedent, hereby renounce the right to administer nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
(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	
Email	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania }
_	County of SS:
Sworn to or affirmed and subscribed	}
oefore 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 <u>William John</u>	, Deceased
a/k/a Jonny	
The undersigned, omicronSolutions (Name or Co	, in my capacity/relationship as
of the above D	ecedent, hereby renounce the right to administer
the Estate of the Decedent and, to the extent permithat Letters be issued to	itted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
(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	
Ēmail	Executed out of Pagister's Office
Executed in Pagistar's Office	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.)

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, thetaCorporation	, in my capacity/relationship as
(Name	or Corporate Name)
	e Decedent, hereby renounce the right to administer ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
(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	
mia.harris@thetacorp.com	Email
Email	<del></del>
	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
zopany io regione. Crimin	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, zetaConsulting	, in my capacity/relationship as
(Name or Corpo	·
	cedent, hereby renounce the right to administer ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request
(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
Wodinani view Brive	O'the Obeth 7's
Address	City, State, Zip
Seattle, WA 98101	
City, State, Zip	Telephone
(206) 777-1234	_
Telephone	Email
liam.anderson@zetaconsulting.com	_
Email	Executed out of Register's Office
Evacuted in Parietor's Office	<u> </u>
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
Dopary 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, <u>Isabella Natalie Rodrigue</u>	z, Jr. , in my capacity/relationship as
	bove Decedent, hereby renounce the right to administer nt permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature 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
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 } SS:  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.)

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, 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.)