

Estate of William John	, Deceased
The undersigned, sigmaEnterprises (Name or Corpor.	, in my capacity/relationship as
· · ·	edent, hereby renounce the right to administer
the Estate of the Decedent and, to the extent permitte that Letters be issued to Medical Emergency	d 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	Telephone
(602) 777-4567	
Telephone	Email
benjamin.white@sigmaenterprises.com	_
Email	Executed out of Pagistar's Office
Executed in Register's Office	Executed out of Register's Office
· ·	Commonwealth of Pennsylvania } County of 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.)

Estate of William John	, Deceased
The undersigned, lambdaGroup	, 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)	
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	<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
	(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
The undersigned, thetaCorporation	, in my capacity/relationship as
· ·	ecedent, hereby renounce the right to administer
	tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/13/2025 (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 (215) 777-5678	Telephone
Telephone	 Email
mia.harris@thetacorp.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 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
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
02/14/2025 (Date)	
zetaConsulting Name or Corporate Fiduciary (if applicable)	
Name of 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	_
Littali	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
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.)

RENUNCIATION REGISTER OF WILLS OF

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
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
02/15/2025 (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	<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	}
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
The undersigned, Sophia Grace Martinez,	Jr. , in my capacity/relationship as
,	Name or Corporate Name) Nove Decedent, hereby renounce the right to administer
	nt 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 Sophia Grace Martinez, Jr. of Person
	Lakeview Street
Title of Officer/Representative	Address
	Miami, FL 33101
Address	City, State, Zip
Address	(305) 777-1234 Telephone
City, State, Zip	sophia.martinez@yahoo.com Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania } County of SS:
Executed in Register's Office	Before the undersigned personally
Sworn to or affirmed and subscribed	appeared the party executing this
before me thisday 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	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
The undersigned, Matthew Joseph White, Sr.	, in my capacity/relationship as
· ·	edent, hereby renounce the right to administer
	ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/17/2025	
(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
Address	City, State, Zip
Address	(206) 555-1234 Telephone
City, State, Zip	matt.white@gmail.com Email
Telephone	-
	_ Executed out of Register's Office
Email	Commonwealth of Pennsylvania } County of SS:
Executed in Register's Office	Before the undersigned personally
Sworn to or affirmed and subscribed	appeared the party executing this
before me thisday of	renunciation and certified that he or she 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
The undersigned, Isabella Natalie Rodrigue	ez, Jr. , in my capacity/relationship as
	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 Banking Document	
02/18/2025	
(Date)	
N	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Isabella Natalie Rodriguez, Jr.
Representative	of Person
	Hilltop Drive
Title of Officer/Representative	<u></u>
	Address
	Denver, CO 80202 City, State, Zip
Address	(303) 987-6543
	Telephone
City, State, Zip	isabella.rodriguez@company.com
	Email
Telephone	
 Email	Executed out of Register's Office
Liliali	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	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
The undersigned, Olivia Elizabeth Garcia, Jr.	, in my capacity/relationship as
	Decedent, hereby renounce the right to administer mitted 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
Title of Officer/Representative	Address Phoenix, AZ 85003
Address	City, State, Zip (602) 555-6789 Telephone
City, State, Zip	olivia.garcia@gmail.com Email
Telephone	Executed out of Register's Office
Email 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
The undersigned, Christopher Daniel Lee, S	Sr. , in my capacity/relationship as
,	above Decedent, hereby renounce the right to administer
	nt permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to Government Proces	ssing
02/20/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Marile of Corporate Fladelary (ii applicable)	
Signature of Officer/	Signature Christopher Daniel Lee, Sr.
Representative	of Person
	Broadway Avenue
Title of Officer/Representative	Address
	Los Angeles, CA 90001
	City, State, Zip
Address	(213) 999-8765
O'th. Oh.t. 7'm	Telephone
City, State, Zip	chris.lee@outlook.com Email
 Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania }
Everyted in Denistral's Office	County of } SS:
Executed in Register's Office	Before the undersigned personally
Sworn to or affirmed and subscribed	appeared the party executing this
before me thisday 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.)
	value. Show tale of expiration of Notary's confinitission.