



THIS NOTICE DOES NOT MEAN THAT YOU WILL RECEIVE

ANY MONEY OR PROPERTY FROM THIS ESTATE OR OTHERWISE

	BEFORE THE RE	EGISTER OF WILLS,	COUNTY OF	INDIA	NA .	, PENNSYLVANIA
	IN F	RE: ESTATE OF		William John	1	, Deceased
a/k/a	Jonny	File Number:	22-2023-1234			
TO:		Lakevi	Grace Martinez, Jr. ew Street, Apt 12C FL 33101		Beneficiary) Address)	
Please take	notice of the death of the	e Decedent and the grant o	f Letters to the personal re	oresentative(s) name	ed below.	
The Deced	ent died on 12/05/20)20	, a resident of	Indiana	County, PA.	
The Decede	ent died:	te (with a will) or \Box intes	tate (without a will).			
You may ha	ve a beneficial interest ir	n the estate as follows:				
The name(s), address(es) and telepl	hone number(s) of all perso	nal representatives appoin	ed are:		
NAME		ADDR	ESS			TELEPHONE
		has been filed with the Office	-			
	-	tion for the Grant of Letters	of Administration was filed	with the Office of the	e Register of Wills o ———	f
Register's ad	ddress and telephone nu	ımber:			825 Ind	gister of Wills 5 Philadelphia Street iana, PA 15701 4/465-3860
A copy of the	ne Will or Petition may	be obtained by contacting	ng the Register of Wills a	nd paying the char	ges for duplication	ı.
Date 12/2	22/2024		(Capacity: 🗷 Per	eonal Ponroconta	tive
Corporate	Fiduciary (if applica	ble)		papacity. — Tel	sonai Nepresenta	uve <u> </u>
zetaCon						
Name of Co	rporate Fiduciary					
	ah Anderson, Jr.			lame of Person		
	presentative and Title		_	ddaaa		
Address	n View Drive			ddress		
Seattle,	WA 98101		_	City, State, Zip		
City, State, 2	Zip			,,,		
(206) 55	5-6789			elephone		
Telephone						
liam.and Email	erson@zetaconsu	lting.com	E	mail		
Signature of	Officer/Representative			signature of Officer/F	Representative	

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	BEFORE THE RI	EGISTER OF WILLS,	COUNTY OF	l	NDIA	NA	, PE	NNSYLVANIA
	IN I	RE: ESTATE OF		Willian	n Johi	n		, Deceased
a/k/a	Jonny	File Number:	22-2023-1234					
TO:		Main S	ew Joseph White, Sr. Street, Office 45B e, WA 98101			Beneficiary) Address)		
Please take	notice of the death of th	ne Decedent and the grant o	of Letters to the personal re	epresentative(s) nam	ed below.		
The Deced	ent died on 12/05/20	020	, a resident of	India	ına	County, I	PA.	
The Decede	ent died: testa	ate (with a will) or \Box intes	tate (without a will).					
You may ha	ve a beneficial interest i	n the estate as follows:						
The name(s	s), address(es) and telep	phone number(s) of all perso	onal representatives appoi	nted are:				
NAME		ADDF	RESS				TE	ELEPHONE
If the Deced	ent died testate, the will	has been filed with the Office	ca of the Register of Wills	of				
		ition for the Grant of Letters	-		ce of th	ne Register of Wi	ls of	
Register's a	ddress and telephone n	umber:				;		adelphia Street PA 15701
A copy of the	he Will or Petition may	y be obtained by contactir	ng the Register of Wills a	and paying tl	ne cha	rges for duplica	ition.	
Date 12/2	22/2024			Capacity:	X Pe	rsonal Represe	ntative	☐ Counsel
Corporate	Fiduciary (if application	able)						
zetaCon								
	rporate Fiduciary			Name of Dam				
	pah Anderson, Jr. presentative and Title			Name of Pers	son			
	n View Drive			Address				
Address								
	WA 98101			City, State, Zi	р			
City, State, 2	•							
(206) 55 Telephone	5-6789			Telephone				
·	lerson@zetaconsu	ıltina.com						
Email		g		Email				
Signature of	f Officer/Representative			Signature of 0	Officer/I	Representative		

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	DEI ONE THE N	EGISTER OF WILLS,	COUNTY OF		NDIA	NA	, PE	NNSYLVANIA
	IN F	RE: ESTATE OF		Williar	n Johi	า		, Deceased
a/k/a	Jonny	File Number:	22-2023-1234					
TO:		Hilltop	a Natalie Rodriguez, Drive, Unit 7F r, CO 80202	Jr.		Beneficiary) Address)		
Please take n	notice of the death of th	e Decedent and the grant o	f Letters to the personal rep	resentative	(s) nam	ed below.		
The Decede	nt died on 12/05/20	020	, a resident of	India	ana	County, F	PA.	
The Deceden	t died: testa	ite (with a will) or \Box intes	tate (without a will).					
You may have	e a beneficial interest in	n the estate as follows:						
The name(s),	address(es) and telep	hone number(s) of all perso	onal representatives appoint	ed are:				
NAME		ADDR	RESS				TE	LEPHONE
			ce of the Register of Wills of of Administration was filed		ico of th	o Pogistor of Will	s of	
	dress and telephone nu		Of Administration was filed	with the On	ice oi iii			- £ \A/!!! -
rtegister's aut	агезь ани тегернопе по	inibel.				8 I		delphia Street PA 15701
A copy of the	e Will or Petition may	be obtained by contactir	ng the Register of Wills ar	nd paying t	he cha	rges for duplica	tion.	
Date 12/2	2/2024			anacity:	X Do	rsonal Represei	atativo	☐ Counsel
Corporate I	Fiduciary (if applica	ble)	C	арасну.	- re	isonai Nepresei	itative	- Couriser
zetaCons								
Name of Corp	oorate Fiduciary							
	h Anderson, Jr. resentative and Title		N	ame of Per	son			
Mountain	View Drive		A	ddress				
Address	VA 00101		-					
Seattle, V			C	ity, State, Z	ip			
(206) 555	5-6789			elephone				
Telephone				Ciopilolie				
liam.ande	erson@zetaconsu	lting.com		mail				
	Officer/Representative		<u>s</u>	ignature of	Officer/F	Representative		

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	BEFORE THE RE	EGISTER OF WILLS,	COUNTY OF	IN	IDIANA	, PEN	NSYLVANIA
	IN F	RE: ESTATE OF		William	John		, Deceased
a/k/a	Jonny	File Number:	22-2023-1234				
TO:		Sunset	Elizabeth Garcia, Jr. Boulevard, Pentho x, AZ 85003		(Beneficiary) (Address)		
Please take	notice of the death of th	e Decedent and the grant o	f Letters to the personal re	epresentative(s)) named below.		
The Deced	ent died on 12/05/20)20	, a resident of	Indian	na County, I	PA.	
The Decede	ent died:	te (with a will) or \Box intes	tate (without a will).				
You may ha	ve a beneficial interest ir	n the estate as follows:					
The name(s), address(es) and telep	hone number(s) of all perso	nal representatives appoi	nted are:			
NAME		ADDR	ESS			TEL	EPHONE
		has been filed with the Office	_		(II D : 1 (M)		
		tion for the Grant of Letters	of Administration was file	d with the Office			
Register's a	ddress and telephone nu	ımber:				Register of 825 Philad Indiana, PA 724/465-38	elphia Street \ 15701
A copy of the	he Will or Petition may	be obtained by contacting	g the Register of Wills	and paying the	e charges for duplica	ition.	
Date 12/2	22/2024			Canacity: X	Personal Represe	ntative	☐ Counsel
Corporate	Fiduciary (if applica	ble)		Сарасіту. —	a i ersonar Neprese	mauve	- Couriser
zetaCon							
Name of Co	rporate Fiduciary						
	pah Anderson, Jr.			Name of Perso	n		
Mountai	n View Drive			Address			
Address	M/A 00101						
City, State, 2	WA 98101 Zip			City, State, Zip			
(206) 55	5-6789			Telephone			
Telephone				Tolopholie			
liam.and	lerson@zetaconsu	lting.com		Email			
	f Officer/Representative			Signature of Of	fficer/Representative		

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ANY MONEY OR PROPERTY FROM THIS ESTATE OR OTHERWISE

BEFORE THE REGISTER OF WILLS, COUNTY			S, COUNTY OF	NTY OF INDIANA William John			, PE	_, PENNSYLVANIA		
IN RE: ESTATE OF							, Deceased			
a/k/a	Jonny		File Number:	22-2023-1234						
TO:			Broad	topher Daniel Lee, Iway Avenue, Suite ngeles, CA 90001	Sr. 300		Beneficiary) Address)			
Please take	notice of the de	ath of the De	cedent and the grant	of Letters to the persona	ıl representativ	ve(s) name	ed below.			
The Deced	lent died on 12	2/05/2020		, a resident of	Inc	diana	County, F	PA.		
The Decede	ent died:	testate (w	ith a will) or 🔲 inte	estate (without a will).						
You may ha	ive a beneficial ii	nterest in the	estate as follows:							
The name(s	s), address(es) a	nd telephone	number(s) of all pers	sonal representatives app	pointed are:					
NAME			ADD	RESS				TE	LEPHONE	
If the Deced	lent died testate	, the will has t	peen filed with the Of	fice of the Register of Wi	lls of					
If the Deced	lent died intestat	e, a Petition f	or the Grant of Letter	s of Administration was f	filed with the C	Office of the	e Register of Wil	ls of		
Register's a	ddress and telep	bhone numbe	r:				8 I	Register o 325 Phila ndiana, F 724/465-3	delphia Street PA 15701	
A copy of t	he Will or Petit	ion may be o	obtained by contact	ing the Register of Will	ls and payinલ	g the char	ges for duplica	tion.		
Date 12/	22/2024	<u>_</u>			Canacity:	X Per	sonal Represe	ntative	☐ Counsel	
Corporate	Fiduciary (if	applicable)			Supusity.		oonar Roproso	Tida Vo		
zetaCon										
	orporate Fiduciar	-			Name of D	oroon				
	pah Andersor				Name of Po	erson				
	n View Drive				Address					
Address										
Seattle,	WA 98101				City, State,	Zip				
(206) 55	-									
Telephone					Telephone					
	lerson@zeta	consulting	.com		 Email					
Email					Cianatura	of Officer/F	Ponrocontative			
Signature of	f Officer/Represe	entative			oignature (Onicer/F	Representative			