



# RENUNCIATION

## REGISTER OF WILLS OF

### Indiana COUNTY, PENNSYLVANIA

Estate of William John, Deceased

The undersigned, sigmaEnterprises, in my capacity/relationship as

(Name or Corporate Name)

\_\_\_\_\_ of the above Decedent, hereby renounce the right to administer the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request that Letters be issued to Medical Emergency.

02/11/2025

(Date)

**sigmaEnterprises**

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative **Benjamin Owen White, Sr.**

Title of Officer/Representative

**Evergreen Terrace**

Address

**Phoenix, AZ 85003**

City, State, Zip

**(602) 777-4567**

Telephone

**benjamin.white@sigmaenterprises.com**

Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, lambdaGroup, in my capacity/relationship as  
(Name or Corporate Name)

\_\_\_\_\_ of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Legal Requirement.

02/12/2025

(Date)

**lambdaGroup**

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative Lucas Henry Clark, Sr.

Title of Officer/Representative

Highland Park Road

Address

Detroit, MI 48201

City, State, Zip

(313) 777-6789

Telephone

lucas.clark@lambdagroup.com

Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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  
(Name or Corporate Name)

\_\_\_\_\_ of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Financial Support.

02/13/2025

(Date)

**omicronSolutions**

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative **Ava Scarlett Miller, Jr.**

Title of Officer/Representative

**Ocean Breeze Avenue**

Address

**Miami, FL 33101**

City, State, Zip

**(305) 777-2345**

Telephone

**ava.miller@omicronsolutions.com**

Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, thetaCorporation, in my capacity/relationship as  
(Name or Corporate Name)

\_\_\_\_\_.of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Personal Request.

02/14/2025

(Date)

**thetaCorporation**

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative Mia Isabella Harris, Sr.

Title of Officer/Representative

Willow Creek Road

Address

Philadelphia, TN 37846

City, State, Zip

(215) 777-5678

Telephone

mia.harris@thetacorp.com

Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, zetaConsulting, in my capacity/relationship as  
(Name or Corporate Name)

\_\_\_\_\_ of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Work Requirement.

02/15/2025

(Date)

**zetaConsulting**

Name or Corporate Fiduciary (if applicable)

Signature of Officer/  
Representative Liam Noah Anderson, Jr.

Title of Officer/Representative

Mountain View Drive

Address

Seattle, WA 98101

City, State, Zip

(206) 777-1234

Telephone

liam.anderson@zetaconsulting.com

Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Deputy for Register of Wills

Signature  
of Person

Address

City, State, Zip

Telephone

Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, Sophia Grace Martinez, Jr., in my capacity/relationship as  
(Name or Corporate Name)

None of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Travel Authorization.

02/16/2025

(Date)

Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Officer/  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

\_\_\_\_\_  
Signature of Person **Sophia Grace Martinez, Jr.**

**Lakeview Street**

\_\_\_\_\_  
Address

**Miami, FL 33101**

\_\_\_\_\_  
City, State, Zip

**(305) 777-1234**

\_\_\_\_\_  
Telephone

**sophia.martinez@yahoo.com**

\_\_\_\_\_  
Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, Isabella Natalie Rodriguez, Jr., in my capacity/relationship as  
(Name or Corporate Name)

None of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Educational Purpose.

02/17/2025

(Date)

Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Officer/  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

\_\_\_\_\_  
Signature of Person **Isabella Natalie Rodriguez, Jr.**

**Hilltop Drive**

\_\_\_\_\_  
Address

**Denver, CO 80202**

\_\_\_\_\_  
City, State, Zip

**(303) 987-6543**

\_\_\_\_\_  
Telephone

**isabella.rodriguez@company.com**

\_\_\_\_\_  
Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, Matthew Joseph White, Sr., in my capacity/relationship as  
(Name or Corporate Name)

None of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Banking Documentation.

02/18/2025

(Date)

Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Officer/  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

\_\_\_\_\_  
Signature of Person **Matthew Joseph White, Sr.**

**Main Street**

\_\_\_\_\_  
Address

**Seattle, WA 98101**

\_\_\_\_\_  
City, State, Zip

**(206) 555-1234**

\_\_\_\_\_  
Telephone

**matt.white@gmail.com**

\_\_\_\_\_  
Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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, Christopher Daniel Lee, Sr., in my capacity/relationship as  
(Name or Corporate Name)

None of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Family Consent.

02/19/2025

(Date)

Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Officer/  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

\_\_\_\_\_  
Signature of Person **Christopher Daniel Lee, Sr.**

**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* \_\_\_\_\_ } **SS:**

Before the undersigned personally  
appeared the party executing this  
renunciation and certified that he or she  
executed the renunciation for the purposes  
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, Olivia Elizabeth Garcia, Jr., in my capacity/relationship as  
(Name or Corporate Name)

None of the above Decedent, hereby renounce the right to administer  
the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request  
that Letters be issued to Government Processing.

02/20/2025

(Date)

Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Officer/  
Representative

\_\_\_\_\_  
Title of Officer/Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

***Executed in Register's Office***

Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

\_\_\_\_\_  
Signature of Person **Olivia Elizabeth Garcia, Jr.**

**Sunset Boulevard**

\_\_\_\_\_  
Address

**Phoenix, AZ 85003**

\_\_\_\_\_  
City, State, Zip

**(602) 555-6789**

\_\_\_\_\_  
Telephone

**olivia.garcia@gmail.com**

\_\_\_\_\_  
Email

***Executed out of Register's Office***

*Commonwealth of Pennsylvania* }  
*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  
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.)