

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises (Name or Corpor	, in my capacity/relationship as
of the above Dec	edent, hereby renounce the right to administer
	bd 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	<u>-</u>
Evergreen Terrace	Address
Address	City, State, Zip
Phoenix, AZ 85003	
City, State, Zip	- Telephone
(602) 777-4567	
Telephone	Email
benjamin.white@sigmaenterprises.com	-
	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
	rporate Name)
	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
	_
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 .	_
	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 , in my capacity/relationship as The undersigned, thetaCorporation (Name or Corporate Name) 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) thetaCorporation Name or Corporate Fiduciary (if applicable) Signature of Officer/ Signature Mia Isabella Harris, Sr. of Person Representative Title of Officer/Representative Address Willow Creek Road City, State, Zip Address Philadelphia, TN 37846 City, State, Zip Telephone (215) 777-5678 Telephone **Email** mia.harris@thetacorp.com Email Executed out of Register's Office Executed in Register's Office Commonwealth of Pennsylvania SS: County of Sworn to or affirmed and subscribed before me this day 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 Deputy for Register of Wills day Notary Public

(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's commission.)

My Commission Expires: _____

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting	, in my capacity/relationship as
· ·	ecedent, hereby renounce the right to administer
	ted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/14/2025	
(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	_
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania } SS:
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.)

RENUNCIATION REGISTER OF WILLS OF

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, omicronSolutions	, in my capacity/relationship as
· ·	
	recedent, 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	}
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

Estate of William John		, Deceased
a/k/a Jonny		
The undersigned, Sophia Grace Ma	tinez, Jr. , in I	my capacity/relationship as
None .	of the above Decedent, hereby renounce the right	to administer
	e extent permitted by law pursuant to 20 Pa.C.S.	
02/16/2025		
(Date)	_	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Sophia Grace of Person	e 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.co Email	om .
Telephone		
	Executed out of Registe	er's Office
Email	Commonwealth of Pennsy	/Ivania } } SS:
Executed in Register's Office	County of	
Sworn to or affirmed and subscribed	Before the undersigned pe	
before me thisda	appeared the party executer appeared the party executer renunciation and certified	· ·
of,		
	stated within on this	
Doputy for Dogistor of Willo	of	
Deputy for Register of Wills		
	Notary Public My Commission Expires: .	
	(Signature and Seal of Notary or other oaths. Show date of expiration of Notar	official qualified to administer ry's commission.)

Form **RW-06** rev. 01.01.20

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
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
	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
Executed in Register's Office	County of } SS:
-	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
	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 Rodriguez,</u>	Jr. , in my capacity/relationship as
None .of the abo	ve Decedent, hereby renounce the right to administer
	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/	Signature Isabella Natalie Rodriguez, Jr.
Representative	of Person
	Hilltop Drive
Title of Officer/Representative	
	Address
	Denver, CO 80202
Address	City, State, Zip
, 144, 555	(303) 987-6543 Telephone
City, State, Zip	isabella.rodriguez@company.com
	Email
Telephone	
	Executed out of Register's Office
Email	Commonwealth of Pennsylvania
Functional in Denistrate 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	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
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, Christopher Daniel Lee,	Sr. , 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 Government Proce	
·	
02/20/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/	Signature Christopher Daniel Lee, Sr. of Person
Representative	OI PEISOII
	Broadway Avenue
Title of Officer/Representative	<u> </u>
·	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
For each die Donietente 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	renunciation and certified that he or she
of	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.)