

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.)

Estate of William John	, Deceased
The undersigned, omicronSolutions	, in my capacity/relationship as
(Name or Cor	rporate Name)
	ecedent, hereby renounce the right to administer tted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/13/2025	
(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>
Ēmail	Evacuted 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	}
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

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

My Commission Expires: _

RENUNCIATION REGISTER OF WILLS OF

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
The undersigned, thetaCorporation	, 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
02/14/2025 (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	Telephone
(215) 777-5678	
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 this day	Potent the analysis of many and the
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
The undersigned, zetaConsulting (Name or Corpo	, in my capacity/relationship as
of the above Dec	cedent, hereby renounce the right to administer ed by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/15/2025 (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	_
Litiali	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 this day	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.)

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, <u>Isabella Natalie Rodriguez</u> ,	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
02/17/2025 (Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Isabella Natalie Rodriguez, Jr. of Person
Title of Officer/Representative	Address Denver, CO 80202
Address	City, State, Zip (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	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 Willi am John	, Deceased
The undersigned, Matthew Joseph White, S	r. , in my capacity/relationship as
· ·	pove Decedent, hereby renounce the right to administer
	t permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
that Letters be issued to Banking Documenta	tion
02/18/2025	
(Date)	
Name or Corporate Fiduciary (if applicable)	
name of corporate Flaudary (ii applicable)	
Signature of Officer/	Signature Matthew Joseph White, Sr.
Representative	of Person
	Main Street
Title of Officer/Representative	Address
	Seattle, WA 98101
	City, State, Zip
Address	(206) 555-1234
City State 7in	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 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
The undersigned, Christopher Daniel Lee, Sr.	, 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 Christopher Daniel Lee, Sr. of Person
Title of Officer/Representative	Address Los Angeles, CA 90001
Address	City, State, Zip (213) 999-8765 Telephone
City, State, Zip	chris.lee@outlook.com Email
Telephone	Executed out of Register's Office
Email Executed in Register's Office	Commonwealth of Pennsylvania } County of
Sworn to or affirmed and subscribed before me this day 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, Olivia Elizabeth Garcia, Jr.	, in my capacity/relationship as
None of the above	Decedent, hereby renounce the right to administer mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully request
02/20/2025 (Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Representative	Signature Olivia Elizabeth Garcia, Jr. of Person
	Sunset Boulevard
The Or Onice/Trepresentative	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 }
Sworn to or affirmed and subscribed	Before the undersigned personally
before me thisday	appeared the party executing this 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.)