

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, sigmaEnterprises  (Name or Corp	, in my capacity/relationship as
of the above Do	ecedent, hereby renounce the right to administer
	mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
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	
benjamin.white@sigmaenterprises.com	Email
Email	<del>-</del>
	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania } 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:

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, lambdaGroup	, in my capacity/relationship as
(Name or Cor	rporate Name)
	Decedent, hereby renounce the right to administer
•	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Legal Requirem	<u> 1ent                                   </u>
02/12/2025	
(Date)	
lambdaGroup Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Lucas Henry Clark Sr.	Signature
Representative	of Person
Title of Officer/Representative	<del>_</del>
	Address
Highland Park Road	
Address	City, State, Zip
Detroit, MI 48201	
City, State, Zip	Telephone
(313) 777-6789	<del></del> -
Telephone	Email
lucas.clark@lambdagroup.com Email	<del>_</del>
	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	Defens the undersioned nearenable
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
	of
	<u></u>
	Notary Public
	My Commission Expires:

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, omicronSolutions (Name or Co	, in my capacity/relationship as
	Decedent, hereby renounce the right to administer
•	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Financial Supp	ort
02/13/2025	
(Date)	
omicronSolutions Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Ava Scarlett Miller Jr.	Signature
Representative	of Person
Title of Officer/Representative	
Ocean Breeze Avenue	Address
Address	City, State, Zip
Miami, FL 33101	<u> </u>
City, State, Zip	Telephone
(305) 777-2345 Telephone	
ava.miller@omicronsolutions.com	Email
Email	<del></del>
5 / / · B · / · 0/5	Executed out of Register's Office
Executed in Register's Office	Commonwealth of Pennsylvania
Sworn to or affirmed and subscribed	County of
before me thisday	Before the undersigned personally
of,	appeared the party executing this
	renunciation and certified that he or she
Deputy for Register of Wills	executed the renunciation for the purposes
Deputy for inegrater of Mills	stated within on this day
	of
	Notary Public
	My Commission Expires:

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, thetaCorporation	, in my capacity/relationship as
(Name or Cor	rporate Name)
of the above D	Decedent, hereby renounce the right to administer
•	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Personal Reque	est
02/14/2025	
(Date)	
thetaCorporation Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Mia Isabella Harris Sr.	Signature
Representative	of Person
Title of Officer/Representative	
William Creak Dand	Address
Willow Creek Road	
Address	City, State, Zip
Philadelphia, TN 37846	
City, State, Zip	Telephone
(215) 777-5678	
Telephone	Email
mia.harris@thetacorp.com Email	<del>_</del>
	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
Deputy for Register of Wills	executed the renunciation for the purposes
	stated within on this day
	of
	<del></del>
	Notary Public
	My Commission Expires:

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting	, in my capacity/relationship as
(Name or Corp.	'
	ecedent, hereby renounce the right to administer
·	mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to Work Requireme	ent
02/15/2025	
(Date)	
zetaConsulting Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Liam Noah Anderson Jr.	Signature
Representative	of Person
Title of Officer/Representative	_
	Address
Mountain View Drive	
Address	City, State, Zip
Seattle, WA 98101	
City, State, Zip	Telephone
(206) 777-1234	
Telephone	Email
liam.anderson@zetaconsulting.com Email	_
Liliali	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	Before the undersigned personally
of	appeared the party executing this
	renunciation and certified that he or she
Deputy for Register of Wills	executed the renunciation for the purposes
	stated within on this day
	of
	Natara Dublia
	Notary Public
	My Commission Expires:

## RENUNCIATION REGISTER OF WILLS OF

#### Indiana COUNTY, PENNSYLVANIA

Estate of William Jol	nn	, Deceased	
a/k/a <mark>Jonny</mark>			
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	
	·	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully	
request that Letters	be issued to Travel Authorization	on	
02/16/2025			
(Date)			
Name on Componete Fid			
Name or Corporate Fid	uciary (ii applicable)		
Signature of Officer/		Signature Sophia Grace Martinez Jr.	
Representative		of Person	
		Lakeview Street	
Title of Officer/Representative	ntative	_	
		Address	
		Miami, FL 33101	
Address		City, State, Zip	
		(305) 777-1234 Telephone	
City, State, Zip		sophia.martinez@yahoo.com	
		Email	
Telephone			
		Executed out of Register's Office	
Email		Commonwealth of Pennsylvania	
Executed in Regis	ster's Office	County of } SS:	
_		Before the undersigned personally	
Sworn to or affirme		appeared the party executing this	
before me 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:	

## RENUNCIATION REGISTER OF WILLS OF

#### Indiana COUNTY, PENNSYLVANIA

Estate of William J	John	, Deceased
a/k/a Jonny		
The undersigned,	Isabella Natalie Rodriguez Jr.	, in my capacity/relationship as
None	, , ,	edent, hereby renounce the right to administer
		itted by law pursuant to 20 Pa.C.S. § 3155, respectfully
	ers be issued to	
Toquoot that Lotto		
02/17/2025		
(Date)		
Name or Corporate F	iduciary (if applicable)	
Name of Corporate i	iducially (ii applicable)	
Signature of Officer/		Signature Isabella Natalie Rodriguez Jr.
Representative		of Person
		Hilltop Drive
Title of Officer/Repres	sentative	
		Address
		Denver, CO 80202 City, State, Zip
Address		(303) 987-6543
		Telephone
City, State, Zip		isabella.rodriguez@company.com
		Email
Telephone		
		Executed out of Register's Office
Email		Commonwealth of Pennsylvania
Executed in Reg	nister's Office	County of SS:
_		Before the undersigned personally
	ned and subscribed	appeared the party executing this
	day	renunciation and certified that he or she
of	,	executed the renunciation for the purposes
		stated within on this day
Deputy for Regist	er of Wills	of
		Notony Dublic
		Notary Public My Commission Expires:
		My Commission Expires:

Estate of William John		, Deceased	
a/k/a Jonny			
The undersigned, Matthe	ew Joseph White Sr. (Name or Corpora	, in my capacity/relationship as	
None	of the above Decedent, hereby renounce the right to administer		
the Estate of the Decede	<del></del>	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully	
request that Letters be is	ssued to		
(Date)			
Name or Corporate Fiduciary (	(if 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	
		Telephone	
City, State, Zip		matt.white@gmail.com	
		Email -	
Telephone			
		Executed out of Register's Office	
Email		Commonwealth of Pennsylvania } SS:	
Executed in Register's	Office	County of}	
_		Before the undersigned personally	
before me this		appeared the party executing this	
of,		renunciation and certified that he or she	
		executed the renunciation for the purposes	
	<del></del>	stated within on this day	
Deputy for Register of W	îlls	of	
		Notary Public	
		My Commission Expires:	
		, Gottimicolon Expirodi	

Form **RW-06** rev. 01.01.20

Estate of William John		, Deceased
a/k/a <mark>Jonny</mark>		
The undersigned, Christop		, in my capacity/relationship as
None	.of the above Decedent, hereby renounce the right to adminis	
		itted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be iss	•	• • •
request that Letters be iss	ded to	
(Date)		
Name or Corporate Fiduciary (if	annlicable)	
Traine or corporate riduciary (ii	арриоаыс)	
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
		Telephone
City, State, Zip		chris.lee@outlook.com
		Email
Telephone		
		Executed out of Register's Office
Email		Commonwealth of Pennsylvania } SS:
Executed in Register's C	Office	County of } 33.
Sworn to or affirmed and subscribed  Before the undersigned personally appeared the party executing this		Before the undersigned personally
		appeared the party executing this
before me this		renunciation and certified that he or she
of,	·	executed the renunciation for the purposes
		stated within on this day
Deputy for Register of Wil	ls	of
		Notary Public
		My Commission Expires:

Estate of William John		, Deceased
a/k/a <mark>Jonny</mark>		
The undersigned, Olivia El	izabeth Garcia Jr.  (Name or Corpor	, in my capacity/relationship as
None	of the above De	cedent, hereby renounce the right to administer
		nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be iss	•	
(Date)		
Name or Corporate Fiduciary (if	annlicable)	
Name of Corporate Fiduciary (ii	аррисаые)	
Signature of Officer/		Signature Olivia Elizabeth Garcia Jr.
Representative		of Person
		Sunset Boulevard
Title of Officer/Representative		-
·		Address
		Phoenix, AZ 85003
Address		City, State, Zip
Addicas		(602) 555-6789 Telephone
City, State, Zip		_
, ,		Email
Telephone		-
		_ Executed out of Register's Office
Email		Commonwealth of Pennsylvania
	\ ca	County of SS:
Executed in Register's C	office	}
Sworn to or affirmed and s	subscribed	Before the undersigned personally
before me this	day	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 Desister of Will		of, day
Deputy for Register of Will	8	<u> </u>
		Natama Duklia
		Notary Public
		My Commission Expires: