

**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)

. 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 Office  
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

Signature  
of Person

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

***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)

. 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.

(Date)

**omicronSolutions**

Name or Corporate Fiduciary (if applicable)

Signature of Office  
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

Signature  
of Person

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

***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)

. 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 .

(Date)

**lambdaGroup**

Name or Corporate Fiduciary (if applicable)

Signature of Office  
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

Signature  
of Person

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

***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)

. 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 .

(Date)

**zetaConsulting**

Name or Corporate Fiduciary (if applicable)

Signature of Office  
Representative **Liam Noah Anderson**

Title of Officer/Representative

**Mountain View Drive**

Address

**Seattle, WA 98101**

City, State, Zip

**(206) 777-1234**

Telephone

**liam.anderson@zetaconsulting.com**

Email

Signature  
of Person

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

***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)

. 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 .

(Date)

**thetaCorporation**

Name or Corporate Fiduciary (if applicable)

Signature of Office  
Representative **Mia Harris Sr.**

Signature  
of Person

Title of Officer/Representative

**Willow Creek Road**

Address

Address

**Philadelphia, TN 37846**

City, State, Zip

City, State, Zip

**(215) 777-5678**

Telephone

Telephone

**mia.harris@thetacorp.com**

Email

Email

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

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

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

***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.** 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 .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office  
Representative

Signature of Person **Sophia Grace Martinez Jr.**

Title of Officer/Representative

**Lakeview Street**

Address

Address

**Miami, FL 33101**

City, State, Zip

City, State, Zip

**(305) 777-1234**

Telephone

Telephone

**sophia.martinez@yahoo.com**

Email

Email

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

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

Deputy for Register of Wills

***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.** 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 .

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name or Corporate Fiduciary (if applicable)

\_\_\_\_\_  
Signature of Office  
Representative

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
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 in Register's Office***

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

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

***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.** 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 .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office  
Representative

Signature of Person **Matthew Joseph White Sr.**

Title of Officer/Representative

**Main Street**

Address

Address

**Seattle, WA 98101**

City, State, Zip

City, State, Zip

**(206) 555-1234**

Telephone

Telephone

**matt.white@gmail.com**

Email

Email

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

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

Deputy for Register of Wills

***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.** 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 .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office  
Representative

Signature of Person **Christopher Daniel Lee Sr.**

Title of Officer/Representative

**Broadway Avenue**

Address

Address

**Los Angeles, CA 90001**

City, State, Zip

City, State, Zip

**(213) 999-8765**

Telephone

Telephone

**chris.lee@outlook.com**

Email

Email

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

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

Deputy for Register of Wills

***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.** 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 .

(Date)

Name or Corporate Fiduciary (if applicable)

Signature of Office  
Representative

Title of Officer/Representative

Address

City, State, Zip

Telephone

Email

Signature **Olivia Elizabeth Garcia Jr.**  
of Person

**Sunset Boulevard**

Address

**Phoenix, AZ 85003**

City, State, Zip

**(602) 555-6789**

Telephone

**olivia.garcia@gmail.com**

Email

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

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

Deputy for Register of Wills

***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.)