

RENUNCIATION REGISTER OF WILLS OF Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, sigmaEnterprises (Name or Corpor	, in my capacity/relationship as
	cedent, hereby renounce the right to administer
	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/11/2025 (Date)	
(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	<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 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
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

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, <u>lambdaGroup</u>	, in my capacity/relationship as
· ·	Decedent, hereby renounce the right to administer
	rmitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
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	
Telephone	Email
lucas.clark@lambdagroup.com Email	<u></u>
EIIIdii	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	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 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

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, omicronSolutions	, in my capacity/relationship as
,	Decedent, hereby renounce the right to administer
	ermitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
02/13/2025 (Date)	
(200)	
omicronSolutions Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Ava Scarlett Miller Jr. Representative	Signature of Person
Title of Officer/Representative	<u> </u>
Ocean Breeze Avenue	Address
Address	City, State, Zip
Miami, FL 33101	
City, State, Zip	Telephone
(305) 777-2345 Telephone	
ava.miller@omicronsolutions.com	Email
Email	
F	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
	stated within on this day of
	Notary Public
	My Commission Expires:
	My Commission Expires.

(Signature and Seal of Notary or other official qualified to administer

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a <mark>Jonny</mark>	
The undersigned, thetaCorporation	, in my capacity/relationship as
(Name or Cor	
	Decedent, hereby renounce the right to administer rmitted by law pursuant to 20 Pa.C.S. § 3155, respectfully est
02/14/2025 (Date)	
(Date)	
thetaCorporation Name or Corporate Fiduciary (if applicable)	
Signature of Officer/ Mia Isabella Harris Sr. Representative	Signature of Person
	<u> </u>
Willow Creek Road	Address
Address	City, State, Zip
Philadelphia, TN 37846	
City, State, Zip	Telephone
(215) 777-5678	
Telephone	Email
mia.harris@thetacorp.com Email	<u>_</u>
EIIIdii	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	Before the undersigned personally
of	appeared the party executing this renunciation and certified that he or she
Doputy for Pogietor of Wills	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

Indiana COUNTY, PENNSYLVANIA

Estate of William John	, Deceased
a/k/a Jonny	
The undersigned, zetaConsulting (Name or Corpo	, in my capacity/relationship as
of the above De	ecedent, hereby renounce the right to administer
	mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
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	_
	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	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 Neglister of Willis	stated within on this day of,
	·
	Notary Public
	My Commission Expires:

(Signature and Seal of Notary or other official qualified to administer

Indiana COUNTY, PENNSYLVANIA

Estate of William John		, Deceased	
a/k/a Jonny			
The undersigned, Sophia	Grace Martinez Jr. (Name or Corpora	, in my capacity/relationship	o as
None .of the above Decedent, hereby re		cedent, hereby renounce the right to administer	
the Estate of the Deceder	nt and, to the extent perm	nitted by law pursuant to 20 Pa.C.S. § 3155, respectfor	ully
request that Letters be iss	sued to Travel Authorization	on	
02/16/2025			
(Date)			
Name or Corporate Fiduciary (if	f applicable)		
Signature of Officer/		Signature Sophia Grace Martinez Jr.	
Representative		V. V. S.	
		Lakeview Street	
Title of Officer/Representative		Address	
		Miami, FL 33101	
Address		_ City, State, Zip	
Addiess		(305) 777-1234 Telephone	
City, State, Zip		sophia.martinez@yahoo.com	
		Email	
Telephone			
Em all		Executed out of Register's Office	
Email		Commonwealth of Pennsylvania	
Executed in Register's 0	Office	County of }	
Sworn to or affirmed and	subscribed	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 stated within on this day	
Deputy for Register of Wil	 e	stated within on this day of,	
Deputy for Negleter of Wil	lio .	,	•
		Notary Public	
		My Commission Expires:	
		,	

Form **RW-06** rev. 01.01.20

(Signature and Seal of Notary or other official qualified to administer

Indiana COUNTY, PENNSYLVANIA

Estate of William John		, Deceased
a/k/a Jonny		
The undersigned, <u>Is</u>	abella Natalie Rodriguez Jr. (Name or Corporate	, in my capacity/relationship as
None	of the above Dece	edent, hereby renounce the right to administer
the Estate of the De	cedent and, to the extent permit	tted by law pursuant to 20 Pa.C.S. § 3155, respectfully
	be issued to Educational Purpos	
02/17/2025		
(Date)		
Name or Corporate Fiduo	ciary (if applicable)	
Signature of Officer/		Signature Isabella Natalie Rodriguez Jr.
Representative		of Person
		Hilltop Drive
Title of Officer/Representative	tative	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 } SS:
Executed in Regist	er's Office	County of}
Sworn to or affirmed	and subscribed	Before the undersigned personally
before me this	day	appeared the party executing this
of		renunciation and certified that he or she
		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.)

Indiana COUNTY, PENNSYLVANIA

Estate of William Jo	ohn	, Deceased
a/k/a Jonny		
The undersigned,	Matthew Joseph White Sr.	, in my capacity/relationship as
Mana	(Name or Corpor	,
None		cedent, hereby renounce the right to administer
	Decedent and, to the extent perm rs be issued to Banking Docume l	mitted by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letter	s be issued to banking bocume	Induon
02/18/2025		
(Date)		
Name or Corporate Fi	duciary (if applicable)	
Signature of Officer/		Signature Matthew Joseph White Sr. of Person
Representative		011 010011
		_ Main Street
Title of Officer/Repres	entative	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 Reg	ister's Office	County of SS:
		Before the undersigned personally
	ed and subscribed	appeared the party executing this
before me this	day	renunciation and certified that he or she
of	· · · · · · · · · · · · · · · · · · ·	executed the renunciation for the purposes
		stated within on this day
Deputy for Registe	er of Wills	of,
		Notary Public
		My Commission Expires:

Form **RW-06** rev. 01.01.20

(Signature and Seal of Notary or other official qualified to administer

Indiana COUNTY, PENNSYLVANIA

Estate of William Joh	n	, Deceased
a/k/a Jonny		
The undersigned, C	Christopher Daniel Lee Sr. (Name or Corpora	, in my capacity/relationship as
None	of the above Dec	cedent, hereby renounce the right to administer
the Estate of the De	ecedent and, to the extent perm	nitted 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 Fidu	ciary (if applicable)	
Name of Corporate Flad	orally (ii applicable)	
Signature of Officer/		Signature Christopher Daniel Lee Sr.
Representative		of Person
		Broadway Avenue
Title of Officer/Represen	tative	Address
		Address
		Los Angeles, CA 90001 City, State, Zip
Address		(213) 999-8765
		Telephone
City, State, Zip		chris.lee@outlook.com Email
		-
Тетернопе		Executed out of Register's Office
Email		
		Commonwealth of Pennsylvania } County of SS:
Executed in Regist	er's Office	
Sworn to or affirmed	l and 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 Register	of Wills	of,
		Notary Public
		My Commission Expires:
		•

Form **RW-06** rev. 01.01.20

(Signature and Seal of Notary or other official qualified to administer

Indiana COUNTY, PENNSYLVANIA

Estate of William John		, Deceased
a/k/a Jonny		
The undersigned, Olivia Elizabeth G		, in my capacity/relationship as
	(Name or Corporate Name)	
	•	t, hereby renounce the right to administer
	•	by law pursuant to 20 Pa.C.S. § 3155, respectfully
request that Letters be issued to G	overnment Processing	
02/20/2025		
(Date)	_	
Name or Corporate Fiduciary (if applicable	1	
Traine of Corporate Fiduciary (if applicable)	
Signature of Officer/		Signature Olivia Elizabeth Garcia Jr.
Representative		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
		Ēmail
Telephone		
		Executed out of Register's Office
Email		Commonwealth of Pennsylvania
Executed in Register's Office		County of } SS:
_	. d	Before the undersigned personally
Sworn to or affirmed and subscribe	,u	appeared the party executing this
before me thisday	у	renunciation and certified that he or she
of,	<u>_</u> ;	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