RENUNCIATION

REGISTER OF WILLS

Estate of	, Decease
The undersigned,	, in the capacity/relationship as he above Decedent, hereby renounces the right to administ
the Estate of the Decedent and, to the extent permi	itted by law pursuant to 20 Pa.C.S. § 3155, respectfully
requests that Letters be issued to	·
(Date)	
Name or Corporate Fiduciary (if applicable)	
Signature of Officer/Representative	Signature of Person
Title of Officer/Representative	Address
Address	
	- Telephone
Telephone	– Email
Email	_
Executed in Register's Office	Executed out of Register's Office
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 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.)