RENUNCIATION

REGISTER OF WILLS

Estate of	, Deceased
The undersigned,	, in the capacity/relationship as
(Name or Corporate Name) of the	e above Decedent, hereby renounces the right to administe
	ted 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 thisday
	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.)