RENUNCIATION

REGISTER OF WILLS

Estate of _____, Deceased

The undersigned, _____, in the capacity/relationship as
(Name or Corporate Name)
_____ of the above Decedent, hereby renounces the right to administer the Estate of the Decedent and, to the extent permitted by law pursuant to 20 Pa.C.S. § 3155, respectfully requests that Letters be issued to_____.

_____
(Date)

Name of Corporate Fiduciary (if applicable)

_____
Signature of Officer/Representative

_____
Title of Officer/Representative

_____
Address

_____

_____
Telephone

_____
Email

Executed in Register's Office

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

_____
Deputy for Register of Wills

_____
Name of Person

_____
Address

_____

_____
Telephone

_____
Email

_____
Signature of Person

Executed out of Register's Office

Commonwealth of Pennsylvania)
) *SS:*
County 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 _____, _____.

_____
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.)