

RENUNCIATION

REGISTER OF WILLS

WYOMING COUNTY, PENNSYLVANIA

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

Name of Person

Signature of Person

Address

Telephone

Email

Executed in Register's Office

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

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 _____.

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.)