

RENUNCIATION

REGISTER OF WILLS

INDIANA COUNTY, PENNSYLVANIA

Estate of _____, Deceased

I, _____, in my capacity/relationship as
(Print Name)

_____ of the above Decedent, hereby renounce the right to
administer the Estate of the Decedent and respectfully request that Letters be issued to

(Date)

(Signature)

(Street Address)

(City, State, Zip)

Executed in Register's Office

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

Deputy for Register of Wills

Executed out of Register's Office

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.)