RENUNCIATION

REGISTER OF WILLS

CUMBERLAND 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 or Corporate Fiduciary (if applicable)

_____
Signature of Officer/Representative

_____
Title of Officer/Representative

_____
Address

_____

_____
Telephone

_____
Email

_____
Signature of Person

_____
Address

_____

_____
Telephone

_____
Email

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.)