

RENUNCIATION

REGISTER OF WILLS

LYCOMING 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

Signature of Person

Title of Officer/Representative

Address

Address

Telephone

Telephone

Email

Email

Executed in Register's Office

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

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 _____, _____.

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.)