

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)
County of _____) SS:

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.)