## RENUNCIATION

## REGISTER OF WILLS

Estate of	, Deceased
The undersigned,	, in the capacity/relationship as above Decedent, hereby renounces the right to administer
	ed by law pursuant to 20 Pa.C.S. § 3155, respectfully
(Date)	
Name or 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 thisday 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.)