

# RENUNCIATION

## REGISTER OF WILLS MONTOUR 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.)