

# RENUNCIATION

Estate of \_\_\_\_\_, deceased.  
Full Name of Decedent

To the Register of Wills of Washington County, Pennsylvania.

The undersigned \_\_\_\_\_ of  
Name and Relationship

the above decedent, renounce (s) \_\_\_\_\_ right to administer the  
his/her/their

estate and respectfully ask that \_\_\_\_\_ LETTERS TESTAMENTARY

or \_\_\_\_\_ LETTERS OF ADMINISTRATION (Check One) be issued to

---

Print Full Name

Witness \_\_\_\_\_ hand(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
my/our

Signed in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Person Renouncing

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Person Renouncing

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Person Renouncing

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address