

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 NEW YORK CITY CERTIFICATE OF DEATH Certificate No. 156-08-003312

DEPARTMENT OF HEALTH  
 AND MENTAL HYGIENE  
 JAN-25-2008 03:18 AM

1. DECEDENT'S  
 LEGAL NAME

Heath

Ledger

Place of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Name of hospital or other facility (if not facility, street address)
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	

Date and Time of Death or Found Dead	3a. (Month) January	(Day) 22	(Year-yyyy) 2008	3b. Time 3:35	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex Male	5. OCME Case No. M-08-00407
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CAUSE OF DEATH	a. Immediate cause	Pending Further Studies	APPROPRIATE REFERRAL DIRECT TO DEATH
	b. Due to or as a consequence of		
	c. Due to or as a consequence of		

6. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.

7a. Injury Date (mm, dd, yyyy)	7b. Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	7c. At Work	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	7d. Place of Injury - (At home, factory, street, etc.)	7e. Location
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7f. How Injury Occurred	7g. If Transportation Injury Specify	8. Manner of Death	9. Autopsy	10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated:
	<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify	<input checked="" type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	Certifier Signature <i>Vincent Tranchida</i> M.D. Date Jan 23rd, 2008 Certifier Name (Print) Vincent Tranchida Medical Examiner

11a. Usual Residence State	11b. County	11c. City or Town	11d. Street and Number	Apt. No.	ZIP Code	11e. Inside City Limits?
California	Los Angeles	Los Angeles			90046	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

12. Date of Birth (Month) (Day) (Year-yyyy)	13. Age at last birthday (years)	14. Social Security No.
April 4, 1979	28	

15a. Usual Occupation (Type of work done during most of working life. Do not use "retired")	15b. Kind of business or industry	15. Aliases or AKA's
Actor	Motion Pictures	Heath Andrew Ledger

16. Birthplace (City & State or Foreign Country)	18. Education (Check the box(es) best describes the highest degree or level of school completed at the time of death)
Australia	1 <input type="checkbox"/> 8th grade or less, none 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSw, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

19. Ever in U.S. Armed Forces?	20. Marital Status at Time of Death	21. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Divorced 4 <input checked="" type="checkbox"/> Never married 6 <input type="checkbox"/> Unknown	

22. Father's Name (First, Middle, Last)	23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
Kim Ledger	Sally Bell

24a. Informant's Name	24b. Relationship to Decedent	24c. Address (Street and Number) Apt. No. City & State ZIP Code
Kim Ledger	Father	7 Western Australia

25a. Method of Disposition	25b. Place of Disposition (Name of cemetery, crematory, other place)
1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify	Fremantle Cemetery

25c. Location of Disposition (City & State or Foreign Country)	25d. Date of Disposition
Palmyra Australia	01 29 2008

25e. Funeral Establishment	25f. Address (Street and Number) City & State ZIP Code
Frank E. Campbell-The Funeral Chapel	New York NY 10028

VR 16 (Rev. 01/03)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made therein, as no inquiry as to their facts has been provided by you.

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DATE ISSUED

Jan 25, 2008

*Steven P. Schwartz*  
 Steven P. Schwartz, Ph.D., City Registrar



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