

2003

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original of the Last Will and Testament of Heath Andrew Ledger, dated 12th April 2003, as the same appears from the records of the Court of Probate, Western Australia.

LAST WILL & TESTAMENT

Heath Andrew Ledger, of the County of West, State of Western Australia, do hereby certify that the foregoing is a true and correct copy of the original of the Last Will and Testament of Heath Andrew Ledger, dated 12th April 2003, as the same appears from the records of the Court of Probate, Western Australia.

OF

HEATH ANDREW LEDGER

I, Karen Frances TYSOE Justice of the Peace, of 52 Rosokton Road, Claremont, Western Australia, hereby certify this to be a true and correct copy of the original of the Last Will and Testament of Heath Andrew LEDGER dated 12th April 2003.

Karen Frances Tysoe
K.F. Tysoe, JP

11th February 2008

**I, HEATH ANDREW LEDGER of 3 Armstrong Road, Applecross, Western Australia
DECLARE this to be my will.**

1. I REVOKE all earlier wills and codicils.

2. In this Will unless otherwise required by the context or subject matter:

"Duties" means all death, estate, succession or other duties or taxes payable in respect of my death or the passing of property under this Will, but does not include any tax imposed by the Income Tax Act 1986, as amended, substituted, or re-enacted from time to time or any other Act imposing a tax upon incomes;

"Residuary Estate" has the meaning ascribed to it by Clause 5;

"Trustee" means the executor or executors of this Will and the trustee or trustees for the time being of any trusts arising under it.

3. I APPOINT ROBERT JOHN COLLINS Company Director of 215 Roberts Road, Subiaco in the State of Western Australia and WILLIAM MARK DYSON Chartered Accountant of 359 Marine Terrace, Geraldton in the said State to be the Joint Executors and Trustees of this my Will.

4. I DIRECT that any joint loan by myself and any other person to the Ledger Investment Trust be allocated at the sole discretion of my Trustees.

5. My Trustee shall hold all my property not otherwise disposed of by this Will ON TRUST:

(a) to pay my debts and testamentary and executorship expenses;

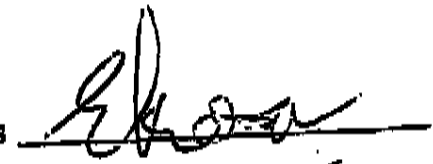
(b) to pay all Duties; and

(c) as to fifty percent (50%) of my estate to divide it between my sisters KATHERINE ANNE LEDGER, ASHLEIGH KIRSTEN BELL and OLIVIA JANE LEDGER in equal shares PROVIDED THAT if any of them

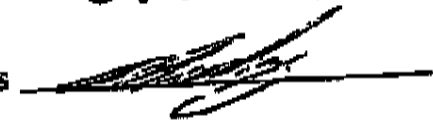
TESTATOR



WITNESS



WITNESS



are under the age of eighteen (18) years I direct my Trustee to hold their respective entitlement under this Will in trust until they reach the age of eighteen (18). I further instruct my Trustee at his sole discretion to apply from the Corpus or Income of my said sisters' respective entitlements to their education and well being during their minority, including but not limited to education fees, books and a motor vehicle if my Trustee considers it necessary for the purpose of attending a place of education or employment. If one of my said sisters should predecease me then the remaining sisters shall be entitled to the share that the deceased sister would otherwise have taken hereunder.

(d) to hold the remainder of my estate ("Residuary Estate") and to divide it between my parents KIM FRANCIS LEDGER and SALLY ANNE BELL in equal shares, and if one parent should predecease the other or die before me then the remaining parent shall be entitled to the equal share that the other parent would otherwise have taken hereunder.

6. Except to the extent inconsistent with the terms and provisions in this Will, the powers conferred on my Trustee by the Trustee's Act 1962-1978 as amended from time to time are in augmentation of the powers conferred by this Will.

7. My Trustee will have the following powers in connection with my estate:

(a) to retain the identity of any asset, to sell any asset at any, time, and to distribute the assets in specie;

(b) until the absolute vesting of any share or interest in a beneficiary under this Will to apply from time to time the whole or any part of the income from that share or interest with recourse if necessary to the capital of that share or interest for or towards the proper maintenance, education, advancement, benefit or support of that beneficiary and to make payments for that purpose to the beneficiary or to the parent, guardian or carer of that beneficiary without being responsible to see to the application of those payments; and

(c) without limitation and as if my Trustee were beneficially entitled to my Residuary Estate to invest, change or retain investments including unsecured interest free loans or any non-income producing asset.

TESTATOR



WITNESS



WITNESS



8. If:

- (a) one or more persons have died and one or more deaths are presumed; or
 - (b) two or more deaths are presumed; and
 - (c) the order of deaths, whether the deaths are proved or presumed, is uncertain;
- the provisions of Section 120 of the Property Law Act 1969 will apply.


IN WITNESS WHEREOF I have hereunto set my hand to this my Will (contained on this and the preceding page of paper)

this 12th day April of 2003.

SIGNED by the Testator in our presence }
 and signed by us as witnesses in the }
 presence of the Testator and of each other }



 Testator



 Witness Signature



 Witness Signature

Maria Rosa

 Witness Full Name...

Nathan John Bailey

 Witness Full Name

New York State Surrogate's Court
New York State Bar Association Official OCA Forms

Form A-1
Petition for Letters of Administration

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Filing Fee Paid \$ _____
Certificates Paid \$ _____
Trustee Certs. Paid \$ _____
Prelim. Certs. Paid \$ _____
Bond, Fee: \$ _____
Receipt No.: _____ No.: _____

ADMINISTRATION PROCEEDING, ESTATE OF
HEATH LEDGER
a/k/a
HEATH ANDREW LEDGER

Deceased.

PETITION FOR LETTERS OF:

- Administration
- Limited Administration
- Administration with Limitations
- Temporary Administration

File No. 813/08

TO THE SURROGATE'S COURT, COUNTY OF NEW YORK

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Petitioner Information:

Name William Mark Dyson Citizenship Australia
Domicile Address: Street and Number _____

County Perth State SA ZIP Code 5050 Country Australia
Telephone _____
Mailing Address: Street and Number (if different from domicile) _____

City, Village or Town _____ State _____ ZIP Code _____ Country _____

Interest: (Check One) Distributee Other Nominated Executor

Name Rob Collins Citizenship Australia
Domicile Address: Street and Number _____

County MELBOURNE State WA ZIP Code 6009 Country Australia
Telephone _____
Mailing Address: Street and Number (if different from domicile) _____

City, Village or Town _____ State _____ ZIP Code _____ Country _____

Interest: (Check One) Distributee Other Nominated Co-Executor

Is proposed Administrator an attorney? Yes No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]
1(a). Continued on next page.

1. (a) Petitioner Information (continued)

Name LAYREN BARNHART		Citizenship United States	
Domicile Address: Street and Number			
City, Village		ZIP Code 11222	Country United States
County KINGS	Telephone		
Mailing Address: Street and Number (if different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input type="checkbox"/> Distributee		<input checked="" type="checkbox"/> Other Designated co-administrator	
Name		Citizenship	
Domicile Address: Street and Number			
City, Village or Town		State	ZIP Code
Country		Telephone	Country
Mailing Address: Street and Number (if different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input type="checkbox"/> Distributee		<input type="checkbox"/> Other	
Name		Citizenship	
Domicile Address: Street and Number			
City, Village or Town		State	ZIP Code
Country		Telephone	Country
Mailing Address: Street and Number (if different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input type="checkbox"/> Distributee		<input type="checkbox"/> Other	
Name		Citizenship	
Domicile Address: Street and Number			
City, Village or Town		State	ZIP Code
Country		Telephone	Country
Mailing Address: Street and Number (if different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input type="checkbox"/> Distributee		<input type="checkbox"/> Other	
Name		Citizenship	
Domicile Address: Street and Number			
City, Village or Town		State	ZIP Code
Country		Telephone	Country
Mailing Address: Street and Number (if different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input type="checkbox"/> Distributee		<input type="checkbox"/> Other	

1(a). Continued on next page.

Henry J. Brown

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent is as follows:

Decedent Information:

Name Heath Ledger		Citizenship Australia	
Domicile Address: Street and Number			
City, Village or Town Los Angeles	State/Province CA	ZIP Code	Country United States
County Los Angeles	Date of Death January 22, 2008	Place of Death	

The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box and attach an affidavit explaining the reason for this inconsistency.

3. The estimated gross value of: [Do not include any assets that are jointly held in trust for another, or have a named beneficiary.]

(a) The decedent's personal property passing by intestacy is less than		\$	145,000.
(b) The decedent's real property, in this state, which is			
Improved, passing by intestacy, is less than		\$	0.00
Description of each parcel:			
Unimproved, passing by intestacy, is less than		\$	0.00
Description of each parcel:			
Total		\$	145,000.
(c) The estimated gross rent for a period of eighteen (18) months is the sum of		\$	0.00

James J. [Signature]

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action is stated on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein; [Briefly state the cause of action and the person against whom it exists, including names and carrier.] None
Unknown at this time

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here and furnish name(s) and address(es) of parent(s) in Paragraph 7. [See EPTL 5-4.4.]

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) has/have been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

A Copy of the decedent's will, to be submitted in Australia, is attached.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes.]

- a. NO Spouse (husband/wife).
- b. 1 Child or children or descendants of predeceased child or children. [Must include marital, nonmarital, and adopted.]
- c. NO Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. X Mother/Father.
- e. X Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. X Grandmother/Grandfather.
- g. X Aunts or uncles, and children of predeceased aunts or uncles (first cousins).
- h. X First cousins once removed (children of first cousins).

James G. [Signature]

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office addresses and citizenship are as follows: [Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death and relationship of the ancestor to the decedent. See Uniform Rules 207.16(b). If person is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If person was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B.]

7. (a) The following are of full age and under no disability:

- Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached

Name			Citizenship
NONE			United States
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			

Continued on next page.

Handwritten signature

7. (b) The following are infants and/or other persons under disability:

- Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached
- Schedule C — Infants is Attached
- Schedule D — Persons Under Disability Other than Infants is Attached

Name Matilda Rose Ledger			Citizenship United States
Domicile Address: Street and Number			
City, Village or Town Brooklyn	State New York	ZIP Code	Country United States
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship Daughter			Citizenship
Name			
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			Citizenship
Name			
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			Citizenship
Name			
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			Citizenship
Name			
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			Citizenship

Harvey Stephen Bruce

HARVEY STEPHEN BRUCE LL.B. B.JURIS

8. There are no outstanding debts or funeral expenses, except: None
FEBRUARY RENT on Apartment

9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that:

a. Process issue to all necessary parties to show cause why letters should not be issued as requested;

b. An order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are nondomiciliaries or whose names or whereabouts are unknown and cannot be ascertained;

c. A decree award Letters of:

Administration to _____

Limited Administration to William Mark Dyson, Rob Collins and LAUREN BARNHART

Administration with Limitation to _____

Temporary Administration to William Mark Dyson, Rob Collins and Lauren Barnhart

or other such person or persons having prior right as may be entitled thereto, and;

d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.

e. That the authority of the representative under the foregoing Letters be limited as follows: To collect, preserve, and protect NY assets until Ancillary letters are issued.

f. Further relief sought (if any): The fixing of a bond be dispensed with.

Dated: 2-2-08

Signature of Petitioner
William Mark Dyson
Print Name

[Signature]
Signature of Petitioner
Rob Collins
Print Name

Name of Corporate Petitioner

By _____
Signature

Print Name

Title

[Signature]

Schedule A — Nonmarital Persons (Persons Born Out of Wedlock)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

ADMINISTRATION PROCEEDING, ESTATE OF
HEATH LEDGER

a/k/a
HEATH ANDREW LEDGER

Deceased.

SCHEDULE A
NONMARITAL PERSONS
(PERSONS BORN OUT OF WEDLOCK)

File No. _____

(Nonmarital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity. See EPTL 4-1.2 which sets forth methods of establishing paternity.)

Name of Alleged Distributee Matilda Rose Ledger	Date of Birth October 28, 2005
Relationship to Decedent Daughter	

Name of Father Heath Andrew Ledger	Name of Mother Michelle Ingrid Williams
Birth Certificate Contains Father's Name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Order of Filiation Establishing Paternity Entered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Did Nonmarital Person Live with His/Her Father?
 Yes No

If yes, Dates and Places of Residence

Name of Alleged Distributee	Date of Birth
Relationship to Decedent	

Name of Father	Name of Mother
Birth Certificate Contains Father's Name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Order of Filiation Establishing Paternity Entered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Did Nonmarital Person Live with His/Her Father?
 Yes No

If yes, Dates and Places of Residence

Henry J. [Signature]

COMBINED VERIFICATION, OATH AND DESIGNATION
For use when petitioner is to be appointed administrator

STATE OF WESTERN AUSTRALIA
COUNTY OF PERTH } ss.: ...

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. **VERIFICATION:** I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

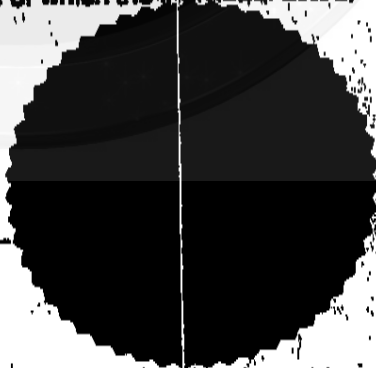
2. **OATH OF ADMINISTRATOR** as indicated above: I am over eighteen (18) years of age and not a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. **DESIGNATION OF CLERK FOR SERVICE OF PROCESS:** I do hereby designate the Clerk of the Surrogate's Court of New York County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: 11515 WE SA. 5050

Signature of Petitioner
William Mark Dyson
Print Name

On 20 FEBRUARY 2008 before me, the undersigned, personally appeared William Mark Dyson, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



GARRY EVAN SAME
NOTARY PUBLIC
PERTH AUSTRALIA

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

My Commission
in Australia
does not expire.

[Signature]
Signature of Attorney
Greenfield Stals & Senior, LLP
Firm

Harvey E. Corn
Print Name of Attorney
Telephone

Address
NYSBA's Surrogate's Court Form A-1 (10/06)

COMBINED VERIFICATION, OATH AND DESIGNATION
For use when petitioner is to be appointed administrator

STATE OF VICTORIA
COUNTY OF AUSTRALIA
COUNTY OF MELBOURNE } ss.:


I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and not a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of New York County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me; whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: Australia



Signature of Petitioner
Rob Collins

Print Name

On 25th February 2008, before me, the undersigned, personally appeared Rob Collins, personally known to me or proved to me on the

basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

HARVEY STEPHEN BRUCE LL.B. EJURIS
NOTARY PUBLIC
6/24 Albert Road, South Melbourne 3205
An Australian Legal Practitioner
within the meaning of the Legal
Profession Act 2004



Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)



Harvey E. Corn

Print Name of Attorney

Signature of Attorney
Greenfield Stein & Senior, LLP

Firm

Telephone

Address


NYSBA's Surrogate's Court Form A-1 (10/08)

COMBINED VERIFICATION, OATH AND DESIGNATION
For use when petitioner is to be appointed administrator

STATE OF _____ }
COUNTY OF _____ } ss.:

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. **VERIFICATION:** I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. **OATH OF ADMINISTRATOR** as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. **DESIGNATION OF CLERK FOR SERVICE OF PROCESS:** I do hereby designate the Clerk of the Surrogate's Court of New York County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: New York

Signature of Petitioner

Print Name

On _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney
Greenfield Stein & Senior, LLP
Firm

Harvey E. Corn
Print Name of Attorney

Telephone

Address

Harvey E. Corn



APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country:	Australia
2. This public document has been signed by	Garry Evan Same
3. acting in the capacity of	Notary Public
4. bears the seal/stamp of	Garry Evan Same, Notary Public

Certified

5. at Perth	6. the 22nd day of February, 2008.
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7. by Jill Peady	Department of Foreign Affairs and Trade, Western Australia Australia.
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8. No. P0022362
9. Seal/Stamp:

10. Signature

Jill Peady

