

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, 2b. Borough: Manhattan, 2c. Type of Place: 1 Hospital Inpatient, 2 Emergency Dept./Outpatient, 3 Dead on Arrival, 4 Nursing Home/Long Term Care Facility, 5 Hospice Facility, 6 Decedent's Residence, 7 Other Specify, 24. Name of hospital or other facility (if not facility, street address)

Date and Time of Death or Found Dead: 3a. (Month) January, (Day) 22, (Year-yyyy) 2008, 3b. Time 3:35, 4. Sex Male, 5. OCME Case No. M-08-00407

CAUSE OF DEATH: a. Immediate cause: Pending Further Studies, b. Due to or as a consequence of, c. Due to or as a consequence of, d. Other significant conditions contributing to death but not resulting in the underlying cause

7a. Injury Date (mm-dd-yyyy), 7b. Time, 7c. At Work, 7d. Place of Injury, 7e. Location

76. Transportation Injury Specify, 77. Manner of Death, 78. Autopsy, 10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated: Certified Signatures: Vincent Tranchida, M.D. Date: Jan 23rd, 2008, Certifier Name (Print): Vincent Tranchida, Medical Examiner

11a. Usual Residence State: California, 11b. County: Los Angeles, 11c. City or Town: Los Angeles, 11d. Street and Number, Apt. No., ZIP Code: 90046, 11e. Inside City Limits?

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

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

16. Birthplace (City & State or Foreign Country): Australia, 18. Education (Check the box that best describes the highest degree or level of school completed at the time of death): 1 High school graduate or GED, 2 Bachelor's degree (e.g., BA, BS, BSc), 3 Professional degree (e.g., MD, DDS, DVM, LLB, JD), 4 Some college credit, but no degree, 5 Master's degree (e.g., MA, MS, MEd, MEng, MBA), 6 Doctorate (e.g., PhD, EdD)

19. Ever in U.S. Armed Forces?, 20. Marital Status at Time of Death: 1 Married, 2 Divorced, 3 Never married, 4 Married, but separated, 5 Widowed, 6 Unknown, 21. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last): Sally Bell

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

24a. Decedent's Name: Kim Ledger, 24b. Relationship to Decedent: Father, 24c. Address (Street and Number), Apt. No., City & State: 6102, ZIP Code: 7 Western Australia

25a. Method of Disposition: 1 Burial, 2 Cremation, 3 Entombment, 4 City Cemetery, 25b. Place of Disposition (Name of cemetery, crematory, other place): Fremantle Cemetery

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

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

VR 11 (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 verify the truth of the statements made herein, or its accuracy as to the facts has been provided to it.

Shawn P. Schwartz
Shawn P. Schwartz, M.D., City Registrar

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DATE ISSUED: Jan 25, 2008

