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SECRETARY'S BUREAU

**APPLICATION FOR APPROVAL OF ABANDONMENT OR
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

(See Instructions Before Preparing Application)

In re: Application Docket
No. A- 00123090
Folder No. _____

For approval of the abandonment or
discontinuance of common carrier service.

TO PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. Clyde L Jackson Jr
(Name of applicant, and trade name, as it appears on the Certificate
of Public Convenience.)

43084 Buells Carners Rd
(Business Street Address)

Spartansburg PA 16434 Crawford 814-654-7744
(City) (State) (Zip) (County) (Telephone)

2. Applicant's attorney (for this application) is:
N/A
(Name) (Address) (Telephone)

3. Any notice, process or order of the PUC should be served upon:
Sonda Jackson 43084 Buells Carners Rd Spartansburg, Pa 16434
(Name) (Address) (Daughter)

4. This application is for the discontinuance of all of the
service now authorized. (All or Part)

5. Attach the following, as appropriate (check those attached):

- Exhibit A: A statement of the right or rights to be abandoned or discontinued (required for partial abandonments or discontinuances only).
- Exhibit B: A statement of the revenues and expenses associated with the operation of the service to be discontinued or abandoned.
- Exhibit C: For motor carriers of passengers seeking to discontinue service over any scheduled route also encompassed by interstate operating authority, a statement containing:
 - i. Description of interstate authority;
 - ii. Statement of the extent to which interstate and intrastate revenues received for the service sought to be abandoned are less than the variable costs of providing that service, including depreciation for revenue equipment. This statement shall include a designation of those items claimed to be variable costs; and
 - iii. An estimate of the annual subsidy required, if any, to continue the service.

6. Approval of the application is necessary or proper for the following reasons:

Death of Clyde L. Jackson Jr.

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here:

Clyde L. Jackson Jr. (Deceased) (2-24-11)
Londa Jackson (daughter)

(Corporate Seal) _____

(If a partnership, each partner must sign; if a corporation, at least one officer must sign and affix corporate seal.)

VERIFICATION

Sonda Jackson hereby states that the statements made in the
(Name of Person)

foregoing are true and correct to the best of his/her knowledge, information and belief. The undersigned understands that the estimates therein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Sonda A Jackson
Signature of Person

Date: 3/26/13

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Marina O'Reilly Matthew

Marina O'Reilly Matthew
Acting State Registrar

6070434

No.

APR 04 2011

Date

1105-143 REV 11/2008
TYPE / PRINT IN
PERMANENT
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH
(See Instructions and examples on reverse)

STATE FILE NUMBER

1. Name of Decedent (First, middle, last, suffix) Clyde Jackson, Jr.	2. Sex Male		3. Social Security Number [REDACTED]		4. Date of Death (Month, day, year) March 24, 2011	
5. Age (Last Birthday) 65 Yrs.	Under 1 year Months: 0 Days: 0	Under 1 day Hours: 0 Minutes: 0	6. Date of Birth (Month, day, year) Jan. 2, 1946		7. Birthplace (City and state or foreign country) Titusville, PA	
8a. County of Death Erie	8b. City, Boro, Twp. of Death Erie	8c. Facility Name (If not institution, give street and number) St. Vincent Health Center		9. Was Decedent of Hispanic Origin? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		
10. Race American Indian, Black, White, etc. (Specify) White	11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired) Truck Driver	12. Was Decedent ever in the U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. Decedent's Education (Specify only highest grade completed) Elementary / Secondary (9-12)	14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Married	15. Surviving Spouse (If wife, give maiden name) Alice Southwick	
16. Decedent's Mailing Address (Street, city / town, state, zip code) 43084 Buells Corners Rd. Spartansburg, PA 16434	17a. State Pennsylvania	17b. County Crawford	17c. <input checked="" type="checkbox"/> Yes, Decedent Lived in Rome Twp	17d. <input type="checkbox"/> No, Decedent Lived within Actual Limits of _____ City / Boro		
18. Father's Name (First, middle, last, suffix) Clyde L. Jackson, Sr.			19. Mother's Name (First, middle, maiden surname) Madeline Baker			
20a. Informant's Name (Type / Print) Alice Jackson			20b. Informant's Mailing Address (Street, city / town, state, zip code) 43084 Buells Corners Rd., Spartansburg, PA 16434			
21a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other - Specify _____	21b. Date of Disposition (Month, day, year) March 28, 2011	21c. Place of Disposition (Name of cemetery, crematory or other place) Rose Hill Cemetery	21d. Location (City / town, state, zip code) Spartansburg, PA 16434			
22a. Signature of General Service Licensee (Person acting as such) <i>[Signature]</i>	22b. License Number FD 013571 L	22c. Name and Address of Facility Garrett Funeral Home 303 N. Washington St. Titusville, PA				
23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title) <i>[Signature]</i>	23b. License Number	23c. Date Signed (Month, day, year)				
24. Time of Death 5:50 A. M.	25. Date Pronounced Dead (Month, day, year) March 24, 2011	26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilatory liberation without showing the etiology. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. Deep Arterial Due to (or as a consequence of) b. [Signature] Due to (or as a consequence of) c. [Signature] Due to (or as a consequence of) d. [Signature]	27. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
30a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined	32a. Date of Injury (Month, day, year)	32b. Describe How Injury Occurred	32c. Place of Injury Home, Farm, Street, Factory, Office Building, etc. (Specify)	
33a. Certifier (check only one) • Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 23) • To the best of my knowledge, death occurred due to the cause(s) and manner as stated • Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) • To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated • Medical Examiner / Coroner On the basis of examination and / or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.	33b. Signature and Title of Certifier <i>[Signature]</i>	33c. License Number 032234	33d. Date Signed (Month, day, year) March 28, 2011			
35. Registrar's Signature and District Number <i>[Signature]</i>	36. Date Filed (Month, day, year) March 30, 2011	34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print Stan Siabic, MD 5213 Peach St. Erie, PA 16509				

Disposition Permit No **0549670**

ALWAYS USED

NAME OF DECEDENT

Sonda Jackson
43084 Buells Corners Rd
Spartanburg, PA 16434

PITTSBURGH PA 150

13 MAR 2003 PM 5 1



Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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