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PA P.U.C.  
SECRETARY'S BUREAU

January 27, 2015

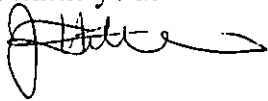
**Secretary** – PA Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
2<sup>nd</sup> Floor  
Harrisburg, PA 17120

Subject: Docket No. C-2015-2456675

RAYMOND J HILLENBRAND, JR TRUCKING INC is no longer in business.

*Please find copy of death certificate.*

Thank you.

A handwritten signature in black ink, appearing to be "J. Hillenbrand", written over the typed name "Thank you.".

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate: 2015 FEB -2 AM 10:42

PA P.U.C. SECRETARY'S BUREAU

P 20768720



This is to certify that the information here given correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Carol A Shaffer 06/01/2014

Type of Death Permanent		Certification Number		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH - VITAL RECORDS		Date Issued	
1. Decedent's Legal Name (First, Middle, Last, Suffix) <b>Raymond John Hillenbrand, Jr.</b>		2. Sex <b>MA</b>		3. Date of Birth (Mo/Day/Yr) (Spell Month) <b>December 10, 1957</b>		4. Date of Death (Mo/Day/Yr) (Spell Mo) <b>June 29, 2014</b>	
5a. Age - Last Birthday (Yrs) <b>56</b>		5b. Under 1 Year Months: <b>0</b> Days: <b>0</b> Hours: <b>0</b> Minutes: <b>0</b>		6. Date of Birth (Mo/Day/Yr) (Spell Month)		7. Birthplace (City and State or Foreign Country) <b>Johnstown, Pennsylvania</b>	
8a. Residence (State or Foreign Country) <b>Pennsylvania</b>		8b. Residence (Street and Number - include Apt No.) <b>1633 East Mattie Road</b>		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in <b>East Providence</b> twp.		7b. Birthplace (County) <b>Cambria</b>	
8d. Residence (County) <b>Bedford</b>		8e. Residence (Zip Code) <b>15533</b>		8f. No, decedent lived within limits of _____ city/town.			
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (if wife, give name prior to first marriage) <b>Julia A. Goodrich</b>			
12. Father's Name (First, Middle, Last, Suffix) <b>Raymond John Hillenbrand, Sr.</b>		13. Mother's Name Prior to First Marriage (First, Middle, Last) <b>Virginia L. Kels</b>		14. Informant's Name (Street and Number, City, State, Zip Code) <b>Julia A. Hillenbrand</b>		14b. Relationship to Decedent <b>Spouse</b>	
14a. Informant's Name <b>Julia A. Hillenbrand</b>		14b. Relationship to Decedent <b>Spouse</b>		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) <b>1633 East Mattie Rd. Breezewood, PA 15533</b>			
15. Facility Name (if not institution, give street and number) <b>1633 East Mattie Road</b>		15a. City or Town, State, and Zip Code <b>Breezewood, PA 15533</b>		15b. County of Death <b>Bedford</b>			
16a. Method of Disposition <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		16b. Date of Disposition <b>July 3, 2014</b>		16c. Place of Disposition (Name of cemetery, crematory, or other place) <b>Everett Cemetery</b>			
16d. Location of Disposition (City or Town, State, and Zip) <b>Everett, PA 15537</b>		17a. Signature of Funeral Director, Licensee or Person in Charge of Interment <i>[Signature]</i>		17b. License Number <b>FD013809L</b>			
17c. Name and Complete Address of Funeral Facility <b>Dalla Valle Funeral Service, Inc. 22 West Main St/PO Box 179 Everett, PA 15537</b>		18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____	
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. <b>Owner/Operator</b>		22b. Kind of Business/Industry <b>Transportation</b>			
23a. Date Pronounced Dead (Mo/Day/Yr) <b>06/30/2014</b>		23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number			
23d. Time of Death <b>4:40 pm</b>		24. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
26. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>CARDIOPULMONARY ARREST</b> Due to (or as a consequence of): b. <b>B CELL LYMPHOMA</b> Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Due to (or as a consequence of): Approximate Interval: Onset to Death <b>MIN</b> <b>YEARS</b>		27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		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		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		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	
32. Date of Injury (Mo/Day/Yr) (Spell Month)		33. Time of Injury		34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, County, State, Zip Code)	
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38. Describe How Injury Occurred:			
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> 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 stated.		Signature of Certifier: <i>[Signature]</i> Title of certifier: <b>DO</b>		License Number: <b>05015705</b>			
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) <b>CHRISTOPHER SNYDER, DO 220 W. MAIN ST., EVERETT, PA 15537</b>		39c. Date Signed (Mo/Day/Yr) <b>06-30-2014</b>		40. Registrar's District Number <b>05071</b>		41. Registrar's Signature <i>[Signature]</i>	
42. Registrar File Date (Mo/Day/Yr) <b>7-1-14</b>		43. Amendments					

5

To Be Completed by FUNERAL DIRECTOR

ALUS USED

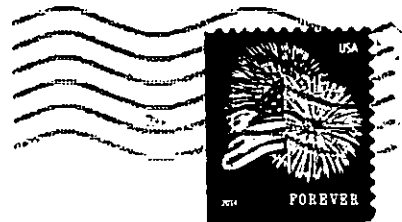
To Be Completed by MEDICAL CERTIFIER

RAYMOND HILLENBRAND

**JULIA HILLENBRAND  
1633 EAST MATTIE ROAD  
BREEZEWOOD, PA 15533**

JOHNSTOWN PA 159

28 JAN 2015 PM 3 T



**SECRETARY -Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
2<sup>nd</sup> Floor  
Harrisburg, PA 17120**

17120+0093

