

RECEIVED

2017 FEB 16 AM 10:23

TO: Rosemary Chiavetta
From: Barbara A. Benson
RE: Cancel Operating Privileges
Date: 2/13/2017

PA P.U.C.
SECRETARY'S BUREAU

Dear Rosemary Chiavetta:

My husband, William Benson, Jr., was the owner/operator of Benson Trucking, (PUC No. - A 00101039) He passed away on January 7, 2009. I inherited his business, but did not operate it. I continued to keep insurance on the trucks until the last one was sold in November of 2016.

I received a complaint (Docket No. C-2017-2582906) on January 11, 2017. I called your office February 6, 2017 and was advised to send a letter to cancel the operating privileges along with my late husband's death certificate to clear up this matter. Therefore, please cancel the operating privileges.

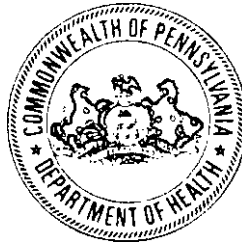
Yours truly,
Barbara A. Benson

Enclosures: (2)

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate, \$6.00



This is to certify that the information here given is 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.

Rose Handypool 1/10/09
Local Registrar Date Issued

P 15108635

Certification Number

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) WILLIAM B BENSON, Jr.				2 Sex Male		3a Date of Death (Month, day, year) January 07, 2009			
5 Age (Last Birthday) 61		6 Date of Birth (Month, day, year) January 27, 1947		7 Birthplace (City and state or foreign country) Punxsutawney, PA		8a Place of Death (Check only one) <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other - Specify			
9a County of Death Clearfield		9b City, Boro, Twp. of Death DuBois		9c Facility Name (If not institution, give street and number) DuBois Regional Medical Center		9d Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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./Poultry Own. Trucking/Poultry		12 Was Decedent ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13 Decedent's Education (Specify only highest grade completed) 12		14 Marital Status: Married, Never Married, Widowed, Divorced (Specify) Married		15 Surviving Spouse (If wife, give maiden name) Barbara Baun	
16 Decedent's Mailing Address (Street, city / town, state, zip code) 1688 Woodland Avenue Extension Punxsutawney, PA 15767				17a State Pennsylvania		17b County Jefferson		17c, 17d Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, Decedent Lived in Young Twp. <input type="checkbox"/> No, Decedent Lived within Actual Limits of _____ City / Boro	
18 Father's Name (First, middle, last, suffix) William B. Benson, Sr.				19 Mother's Name (First, middle, maiden surname) Betty Zolnar					
20a Informant's Name (Type / Print) Barbara Benson				20b Informant's Mailing Address (Street, city / town, state, zip code) 1688 Woodland Avenue Extension Punxsutawney, PA					
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) January 12, 2009		21c Place of Disposition (Name of cemetery, crematory or other place) Lakelawn Memorial Park		21d Location (City / town, state, zip code) Reynoldsville, PA 15851			
22a Signature of Funeral Service Licensee (or person acting in such capacity) <i>[Signature]</i>		22b License Number FD-012055-L		22c Name and Address of Facility Deeley Funeral Home, Inc. 33 Hillcrest Dr. Punxsutawney, PA 15767					
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 6:30 P.M.		25 Date Pronounced Dead (Month, day, year) 1-07-09		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 ventricular fibrillation without showing the etiology. List only one cause on each line. CAUSE OF DEATH (See instructions and examples)				Approximate interval Onset to Death		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIOPULMONARY ARREST Due to (or as a consequence of): b. METASTATIC COXON CANCER Due to (or as a consequence of): c. ATHEROSCLEROTIC HEART DISEASE Due to (or as a consequence of):				Renal Failure		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 checked="" 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	
32a. Time of Injury		32c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32d. If Transportation Injury (Specify): <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other - Specify		32e. Location of Injury (Street, city / town, state)			
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> MD		33c. License Number MO 434890		33d. Date Signed (Month, day, year) 01/07/2009	
34 Registrar's Signature and District Number <i>[Signature]</i>				35 Date Filed (Month, day, year) 1/10/09		34 Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print LAKSHMIKANTH KATRALAODDA MD 100 HOSPITAL AVENUE, DUBOIS, PA 15801			

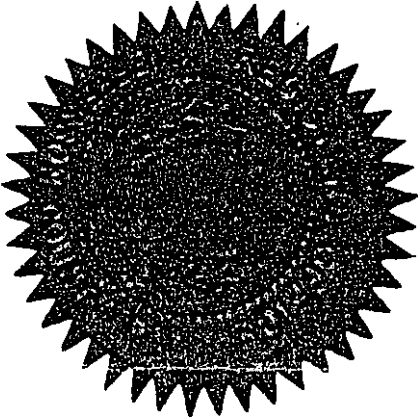
Disposition Permit No

00226567



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF JEFFERSON

SHORT CERTIFICATE



I, DIANE MAIHLE KIEHL
Register for the Probate of Wills and Granting
Letters of Administration &c. in and for said
County of JEFFERSON do hereby certify that on
the 2nd day of March A.D.,
Two Thousand and Nine,
Letters TESTAMENTARY
in common form were granted by the Register of
said County, on the

estate of BENSON WILLIAM B JR, late of YOUNG TOWNSHIP
(LAST, FIRST, MIDDLE)

in said county, deceased, to BENSON BARBARA A
(LAST, FIRST, MIDDLE)

and that same has not since been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal
of said office at BROOKVILLE, PENNSYLVANIA, this 2nd day of March
A.D., Two Thousand and Nine.

File No. 2009-00057

PA File No. 33-09-0057

Date of Death 1/07/2009

S.S. #

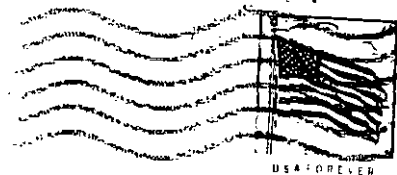
Diane Maihle Kiehl

Register

Barbara A. Linn
1688 Woodland Ave Eft.
Punxsutawney, PA 15767

JOHNSTOWN PA 159

14 FEB 2017 PM 2 L



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

171053265

