



Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
Harrisburg, PA 17105-3265
GENERAL ASSESSMENTS INVOICE

Invoice Date	Invoice Number
9/5/2025	25-8915730
Fiscal Year	
July 1, 2025 to June 30, 2026	

PAST DUE

Original App # A-2013-2362096

RANDY L TOY
2244 STATE ROUTE 268
CHICORA PA 16025

Copy of
Death Certificate
is inside with
this letter.

- Read carefully Notice of Assessment
- Use return envelope provided
- Make check payable to:
Commonwealth of Pennsylvania
- If you desire confirmation of receipt, use a mailing service that provides one, such as USPS-Return Receipt, or overnight delivery with receipt confirmation

This is a PAYMENT REMINDER. If you have already submitted this payment, please call 717-265-7548 and do not send payment again.

PUC Assessment	\$199.00
PAY THIS AMOUNT WITHIN 30 DAYS	\$199.00

TO RECEIVE PROPER CREDIT FOR YOUR PAYMENT, REMOVE THE BOTTOM PART OF THIS INVOICE AT THE PERFORATION AND RETURN WITH YOUR REMITTANCE

MAIL PAYMENT TO:
PA DOR
PO BOX 61380
HARRISBURG, PA 17106-1380

Deceased on May 8th 2024. No longer have tri-axle. Randy Passed away as a result of the crash. Tri-axle was totaled.

Thank You Ms. Toy

FOLD AND CUT HERE

RETURN THIS PORTION WITH YOUR REMITTANCE

RANDY L TOY
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CHICORA PA 16025

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PAY THIS AMOUNT WITHIN 30 DAYS	\$199.00
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25000891573011 090525100000199002000000000030000000000 000000199001

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate: \$20.00



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 origin certificate will be forwarded to the State Vital Records Office for permanent filing.

P 30364314

Certification Number

Shelly Steighner
Local Registrar Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH State File Number: **349482-2024**

1. Decedent's Legal Name (First, Middle, Last, Suffix) **Randy Lynn Toy** 2. Sex **Male** 3. Social Security Number [Redacted] 4. Date of Death (Month, day, year) **May 08, 2024**

5a. Age-Last Birthday (M/Y) **53** 5b. Under 1 Year **Months** 5c. Under 1 Day **Hours** 6. Date of Birth (Mo/Day/Year) (Spell Month) [Redacted] 7a. Birthplace (City and State or Foreign Country) **Natrona Heights, Pennsylvania** 7b. Birthplace (County) **Allegheny**

8a. Residence (State or Foreign Country) **Pennsylvania** 8b. Residence (Street and Number - Include Apt No.) **2244 State Route 268** 8c. Did Decedent Live in a Township? **Yes** **Sugarcreek Township**

9a. Residence (County) **Armstrong** 9b. Residence (Zip Code) **16025** 9c. Did decedent lived within limits of [Redacted] city/town

10. Ever in US Armed Forces? **No** 10a. Marital Status at Time of Death **Married** 10b. Widowed Divorced Never Married Unknown 11. Surviving Spouse's Name (If wife, give name prior to first marriage) **Shelly Steighner**

12. Father / Parent's Name (First, Middle, Last, Suffix) **Cecil Toy Sr.** 13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) **Shirley Armstrong**

14a. Informant's Name **Shelly Toy** 14b. Relationship to Decedent **Spouse** 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) **2244 State Route 268 Chicora, PA 16025**

15a. Place of Death (Check only one) Death Occurred in a Hospital Inpatient Emergency Room/Outpatient Dead on Arrival Death Occurred Somewhere Other Than a Hospital Nursing Home/Long-Term Care Facility Hospice Facility Decedent's Home Other (Specify) _____

15b. Facility Name (If not institution, give street and number) **ACMH Hospital** 15c. City or Town, State, and Zip Code **Kittanning, Pennsylvania 16201** 15d. County of Death **Armstrong**

16a. Method of Disposition Removal from State Other (Specify) _____ Burial Cremation 16b. Date of Disposition **May 13, 2024** 16c. Place of Disposition (Name of cemetery, crematory, or other place) **Mount Pleasant Lutheran Cemetery**

16d. Location of Disposition (City or Town, State, and Zip) **Chicora, Pennsylvania** 16e. Signature of Funeral Service Licensee or Person in Charge of Interment **Thomas M Steighner (Electronically Signed)** 17a. License Number **FD010613L**

17c. Name and Complete Address of Funeral Facility **Thomas M Steighner Funeral Home
111 E Slippery Rock Street Chicora, Pennsylvania 16025**

18. Decedent's Education - Check the box that best describes the highest grade or level of school completed at the time of death. 8th grade or less No diploma, 9th - 12th grade High school graduate or GED completed Some college credits, but no degree Associate degree (e.g. AA, AS) Bachelor's degree (e.g. BA, AB, BS) Master's degree (e.g. MA, MS, MEd, MEd, MSW, MBA) Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent's Race - Check ONE OR MORE boxes to indicate what the decedent considered himself or herself to be. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Samoan Other Pacific Islander Other (Specify) _____

20. Decedent's Race - Check ONE OR MORE boxes to indicate what the decedent considered himself or herself to be. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Samoan Other Pacific Islander Other (Specify) _____

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Samoan Other Pacific Islander Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Truck Driver**

22b. Kind of Business/Industry **Own Business**

23a. Date Pronounced Dead (Mo/Day/Yr) **06:06 PM** 23b. Signature of Person Pronouncing Death (Only when applicable) _____ 23c. License Number _____

24. Date Signed (Mo/Day/Yr) _____ 24. Time of Death **06:06 PM** 25. Was Medical Examiner or Coroner Contacted? Yes No

CAUSE OF DEATH

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. Acute MI** Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. Due to (or as a consequence of): _____

b. Hypertensive Cardiovascular Disease Due to (or as a consequence of): _____

c. Atherosclerotic Cardiovascular Disease Due to (or as a consequence of): _____

d. Diabetes Mellitus Due to (or as a consequence of): _____

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____

27. Was an autopsy performed? Yes No

28. Were autopsy findings available to complete the cause of death? Yes No

29. If Female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death? Yes Probably No Unknown

31. Manner of Death Natural Accidental Suicide Homicide Hanging Investigation 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, State, Zip Code) _____

36. Injury at Work? Yes No 37. If Transportation Injury, Specify: Driver/Operator Pedestrian Passenger Other (Specify) _____ 38. Describe How Injury Occurred: _____

39. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 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. 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: **Brian Myers (Electronically Signed)** Title of certifier: **Coroner** License Number: _____

40a. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) **Brian Myers
Armstrong County Courthouse Administration Building Kittanning, Pennsylvania 16201** 40b. Date Signed (Mo/Day/Yr) **June 10, 2024**

41. Registrar's Signature **Karen Martinez (Electronically Signed)** 42. Registrar File Date (Mo/Day/Yr) **May 13, 2024**

43. Amendments _____