

2003

LAST WILL & TESTAMENT

OF

HEATH ANDREW LEDGER

I, Karen Frances TYSOE Justice of the Peace, of 52 Reeckton Road, Claremont, Western Australia, hereby certify this to be a true and correct copy of the original of the Last Will and Testament of Heath Andrew LEDGER dated 12th April 2003.

Karen F. Tysoe
K.F. Tysoe, JP

11th February 2008

I, **HEATH ANDREW LEDGER** of 3 Armstrong Road, Applecross, Western Australia
DECLARE this to be my will.

1. I REVOKE all earlier wills and codicils.

2. In this Will unless otherwise required by the context or subject matter:

"Duties" means all death, estate, succession or other duties or taxes payable in respect of my death or the passing of property under this Will, but does not include any tax imposed by the Income Tax Act 1986, as amended, substituted, or re-enacted from time to time or any other Act imposing a tax upon incomes;

"Residuary Estate" has the meaning ascribed to it by Clause 5;

"Trustee" means the executor or executors of this Will and the trustee or trustees for the time being of any trusts arising under it.

3. I APPOINT **ROBERT JOHN COLLINS** Company Director of _____, Subiaco in the State of Western Australia and **WILLIAM MARK DYSON** Chartered Accountant of _____, Geraldton in the said State to be the Joint Executors and Trustees of this my Will.

4. I DIRECT that any joint loan by myself and any other person to the **Ledger Investment Trust** be allocated at the sole discretion of my Trustees.

5. My Trustee shall hold all my property not otherwise disposed of by this Will ON TRUST:

(a) to pay my debts and testamentary and executorship expenses;

(b) to pay all Duties; and

(c) as to fifty percent (50%) of my estate to divide it between my sisters **KATHERINE ANNE LEDGER, ASHLEIGH KIRSTEN BELL** and **OLIVIA JANE LEDGER** in equal shares PROVIDED THAT if any of them

TESTATOR

WITNESS

WITNESS

are under the age of eighteen (18) years I direct my Trustee to hold their respective entitlement under this Will in trust until they reach the age of eighteen (18). I further instruct my Trustee at his sole discretion to apply from the Corpus or Income of my said sisters' respective entitlements to their education and well being during their minority, including but not limited to education fees, books and a motor vehicle if my Trustee considers it necessary for the purpose of attending a place of education or employment. If one of my said sisters should predecease me then the remaining sisters shall be entitled to the share that the deceased sister would otherwise have taken hereunder.

(d) to hold the remainder of my estate ("Residuary Estate") and to divide it between my parents **KIM FRANCIS LEDGER** and **SALLY ANNE BELL** in equal shares, and if one parent should predecease the other or die before me then the remaining parent shall be entitled to the equal share that the other parent would otherwise have taken hereunder.

6. Except to the extent inconsistent with the terms and provisions in this Will, the powers conferred on my Trustee by the Trustee's Act 1962-1978 as amended from time to time are in augmentation of the powers conferred by this Will.
7. My Trustee will have the following powers in connection with my estate:
- (a) to retain the identity of any asset, to sell any asset at any, time, and to distribute the assets in specie;
 - (b) until the absolute vesting of any share or interest in a beneficiary under this Will to apply from time to time the whole or any part of the income from that share or interest with recourse if necessary to the capital of that share or interest for or towards the proper maintenance, education, advancement, benefit or support of that beneficiary and to make payments for that purpose to the beneficiary or to the parent, guardian or carer of that beneficiary without being responsible to see to the application of those payments; and
 - (c) without limitation and as if my Trustee were beneficially entitled to my Residuary Estate to invest, change or retain investments including unsecured interest free loans or any non-income producing asset.

TESTATOR



WITNESS



WITNESS



8. If:

- (a) one or more persons have died and one or more deaths are presumed; or
- (b) two or more deaths are presumed; and
- (c) the order of deaths, whether the deaths are proved or presumed, is uncertain;

the provisions of Section 120 of the Property Law Act 1969 will apply.

IN WITNESS WHEREOF I have hereunto set my hand to this my Will (contained on this and the preceding page of paper)

this 12th day April of 2003.

SIGNED by the Testator in our presence }
and signed by us as witnesses in the }
presence of the Testator and of each other }

Testator

Witness Signature

Witness Signature

Witness Full Name

Witness Full Name

Witness Address

Witness Address



SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Filing Fee Paid \$ _____
Certificates Paid \$ _____
Trustee Certs. Paid \$ _____
Prelim. Certs. Paid \$ _____
\$ _____ Bond, Fee: \$ _____
Receipt No.: _____ No.: _____

ADMINISTRATION PROCEEDING, ESTATE OF

HEATH LEDGER

a/k/a

HEATH ANDREW LEDGER

Deceased.

PETITION FOR LETTERS OF:

- Administration
- Limited Administration
- Administration with Limitations
- Temporary Administration

File No.

913-08

TO THE SURROGATE'S COURT, COUNTY OF NEW YORK

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

Petitioner Information:

| | |
|-----------------------------------|---------------------------------|
| Name William Mark Dyson | Citizenship Australia |
|-----------------------------------|---------------------------------|

| | | | |
|-----------------------|-------------------------------|-------------------------|-----------------------------|
| City, Village or Town | State So. Australia | ZIP Code 5050 | Country Australia |
|-----------------------|-------------------------------|-------------------------|-----------------------------|

| | | | |
|-----------------------|-------|----------|---------|
| City, Village or Town | State | ZIP Code | Country |
|-----------------------|-------|----------|---------|

Interest: (Check One) Distributee Other Nominated Executor

| | |
|------------------------------------|---------------------------------|
| Name Robert John Collins | Citizenship Australia |
|------------------------------------|---------------------------------|

| | | | |
|-----------------------------------|------------------------------|-------------------------|-----------------------------|
| City, Village or Town C | State W. Australia | ZIP Code 6009 | Country Australia |
|-----------------------------------|------------------------------|-------------------------|-----------------------------|

| | | | |
|-----------------------|-------|----------|---------|
| City, Village or Town | State | ZIP Code | Country |
|-----------------------|-------|----------|---------|

Interest: (Check One) Distributee Other Nominated Co-Executor

1(a). Continued on next page.

Is proposed Administrator an attorney? Yes No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

1. (a) Petitioner Information (continued)

Citizenship
United States

Barnhart

Home Address: Street and Number

State
New York
Telephone

ZIP Code
11222

Country
United States

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Interest: (Check One) Distributee

Other Designated co-administrator

Citizenship

Name

Domicile Address: Street and Number

City, Village or Town

State

ZIP Code

Country

County

Telephone

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Interest: (Check One) Distributee

Other

Citizenship

Name

Domicile Address: Street and Number

City, Village or Town

State

ZIP Code

Country

County

Telephone

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Interest: (Check One) Distributee

Other

Citizenship

Name

Domicile Address: Street and Number

City, Village or Town

State

ZIP Code

Country

County

Telephone

Mailing Address: Street and Number (if different from domicile)

City, Village or Town

State

ZIP Code

Country

Interest: (Check One) Distributee

Other

1(a). Continued on next page.

| | | | |
|-----------------------|----------------|---------------------------------|---------------|
| Information: | | | Citizenship |
| Ledger | | | Australia |
| City, Village or Town | | | |
| Los Angeles | State/Province | ZIP Code | Country |
| Los Angeles | CA | 90046 | United States |
| Date of Death | | Place of Death | |
| January 22, 2008 | | 421 Broome Street, New York, NY | |

The Death Certificate must be filed with this proceeding. If the decedent's domicile is different from that shown on the death certificate, check box and attach an affidavit explaining the reason for this inconsistency.

3. The estimated gross value of: [Do not include any assets that are jointly held in trust for another, or have a named beneficiary.]

| | | |
|---|----|------------|
| (a) The decedent's personal property passing by intestacy is less than | \$ | 145,000.00 |
| (b) The decedent's real property, in this state, which is | | |
| Improved, passing by intestacy, is less than | \$ | 0.00 |
| Description of each parcel: | | |
| | | |
| Unimproved, passing by intestacy, is less than | \$ | 0.00 |
| Description of each parcel: | | |
| | | |
| | \$ | 0.00 |
| Total | \$ | 145,000.00 |
| (c) The estimated gross rent for a period of eighteen (18) months is the sum of | \$ | 0.00 |

...ion to the value of the personal property stated in paragraph (3) and remaining right of action...
...of the decedent and survived his/her death, or is granted to the administrator of the decedent
...provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be
...therein. [Briefly state the cause of action and the person against whom it exists, including names and
...None
...known at this time

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here and furnish name(s) and address(es) of parent(s) in Paragraph 7. [See EPTL 5-4.4.]

~~4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) has/have been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.~~

A copy of the decedent's will, to be submitted in Astoria, is attached.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes.]

- a. NO Spouse (husband/wife).
- b. 1 Child or children or descendants of predeceased child or children. [Must include marital, nonmarital, and adopted.]
- c. NO Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. X Mother/Father.
- e. X Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. X Grandmother/Grandfather.
- g. X Aunts or uncles, and children of predeceased aunts or uncles (first cousins).
- h. X First cousins once removed (children of first cousins).

Decedent left surviving the following distributees, or other necessary parties, whose names, relationship, domiciles, post office addresses and citizenship are as follows: [Show clearly how each distributee is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death and relationship of the ancestor to the decedent. See Uniform Rules 207.16(b). If person is a nonmarital distributee or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If person is adopted by any persons related by blood or marriage to decedent or descended from such persons, attach a copy of the order of adoption or Schedule B.]

7. (a) The following are of full age and under no disability:

- Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached _____
- Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached _____

| | | | |
|-------------------------------------|-------|----------|-------------------------------------|
| Name NONE | | | Citizenship United States |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | |
| Name | | | Citizenship |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | |
| Name | | | Citizenship |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | |
| Name | | | Citizenship |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | |
| Name | | | Citizenship |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | |

Continued on next page.

The following are infants and/or other persons under disability:

- Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached
- Schedule C — Infants is Attached
- Schedule D — Persons Under Disability Other than Infants is Attached

| | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| Name Matilda Rose Ledger | | | Citizenship United States |
| Mailing Address: Street and Number | | | |
| City, Village or Town Brooklyn | State New York | ZIP Code 11217 | Country United States |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship Daughter | | | Citizenship |
| Name | | | |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | Citizenship |
| Name | | | |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | Citizenship |
| Name | | | |
| Domicile Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Mailing Address: Street and Number | | | |
| City, Village or Town | State | ZIP Code | Country |
| Relationship | | | Citizenship |

are no outstanding debts or funeral expenses, except: None

FEBRUARY RENT ON Apartment

There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that:

- a. Process issue to all necessary parties to show cause why letters should not be issued as requested;
- b. An order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are nondomiciliaries or whose names or whereabouts are unknown and cannot be ascertained;
- c. A decree award Letters of:
 - Administration to _____
 - Limited Administration to William Mark Dyson, Robert John Collins + Lauren Barnhart
 - Administration with Limitation to _____
 - Temporary Administration to William Mark Dyson, Robert John Collins and Lauren Barnhart

or other such person or persons having prior right as may be entitled thereto, and;

- d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.
- e. That the authority of the representative under the foregoing Letters be limited as follows: To collect, preserve, and protect NY assets until Ancillary letters are issued.
- f. Further relief sought (if any): the filing of a bond be dispensed with.

Dated: 2/28/08

Lauren Barnhart

Signature of Petitioner

Lauren Barnhart

Print Name

Signature of Petitioner

Print Name

Name of Corporate Petitioner

By

Signature

Print Name

Title

THE SURROGATE'S COURT OF THE STATE OF NEW YORK
OF NEW YORK

ADMINISTRATION PROCEEDING, ESTATE OF
HEATH LEDGER
a/k/a
HEATH ANDREW LEDGER

Deceased.

**SCHEDULE A
NONMARITAL PERSONS
(PERSONS BORN OUT OF WEDLOCK)**

File No. _____

[Nonmarital children (or their issue) who would be distributees if they (or their ancestors) were born in wedlock will not be regarded as distributees unless satisfactory proof is submitted establishing paternity. See EPTL 4-1.2 which sets forth methods of establishing paternity.]

Name of Alleged Distributee
Matilda Rose Ledger
Date of Birth
October 28, 2005
Relationship to Decedent
Daughter

Name of Father
Heath Andrew Ledger
Name of Mother
Michelle Ingrid Williams
Birth Certificate Contains Father's Name? Yes No
Order of Filiation Establishing Paternity Entered? Yes No

Did Nonmarital Person Live with His/Her Father?
 Yes No

If yes, Dates and Places of Residence

Name of Alleged Distributee

Date of Birth

Relationship to Decedent

Name of Father

Name of Mother

Birth Certificate Contains Father's Name? Yes No
Order of Filiation Establishing Paternity Entered? Yes No

Did Nonmarital Person Live with His/Her Father?
 Yes No

If yes, Dates and Places of Residence

COMBINED VERIFICATION, OATH AND DESIGNATION
For use when petitioner is to be appointed administrator

STATE OF New York
COUNTY OF New York } ss.:

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of New York County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

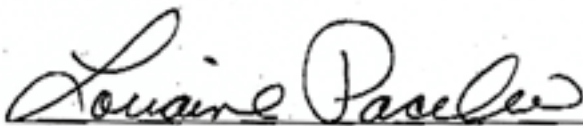
My domicile is:


Signature of Petitioner

Lauren Barnhart
Print Name

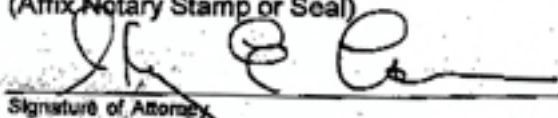
On 2/28/08, before me, the undersigned, personally appeared Lauren Barnhart

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

LORRAINE PACELEO
Notary Public, State of New York
No. 02PA6021955
Qualified in Queens County
Commission Expires March 22, 2011


Signature of Attorney

Greenfield Stein & Senior, LLP
Firm
600 Third Avenue, New York, New York 10016
Address

Harvey E. Corn
Print Name of Attorney
(212) 818-9600
Telephone

COMBINED VERIFICATION, OATH AND DESIGNATION

For use when petitioner is to be appointed administrator

STATE OF WESTERN AUSTRALIA }
COUNTY OF PERTH } ss.:

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and not a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of New York County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: 1

[Signature]
Signature of Petitioner

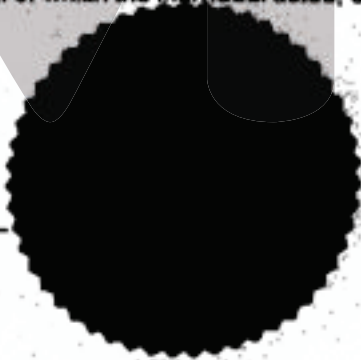
William Mark Dyson
Print Name

On 22 FEBRUARY 2008, before me, the undersigned, personally appeared William Mark Dyson, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

[Signature]
GARRY EVAN SAME
NOTARY PUBLIC
PERTH AUSTRALIA

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

My Commission
in Australia
does not expire.



[Signature]
Signature of Attorney

Greenfield Stala & Senior, LLP
Firm

600 Third Avenue, New York, New York 10016
Address

Harvey E. Corn
Print Name of Attorney
(212) 818-8600
Telephone

NYSBA's Surrogate's Court Form A-1 (10/06)

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[Signature]
HARVEY STEPHEN BRUCE LL.B. B.JURIS
NOTARY PUBLIC

STATE OF NEW YORK
SURROGATE'S COURT: COUNTY OF NEW YORK

X

In the Matter of the Application of _____ :
_____, for the

File No. 813/08

Appointment of _____ as :
Temporary Administrator under the Last Will and
Testament of _____ :

DESIGNATION OF
TEMPORARY
ADMINISTRATOR

HEATH LEDGER,

Deceased.

:
:

X

STATE OF
Western Australia)
:
Perth)

ss.:

WILLIAM MARK DYSON, being duly sworn, deposes and says:

I am one of the nominated executors of Heath Ledger, the decedent herein. I am a citizen
of Australia and I reside at _____

53

Heath Ledger died on January 22, 2008, leaving a Last Will and Testament dated
12 APRIL 2003, which will be submitted to probate in Australia. Once the will has been
accepted, we will apply to this Court for Ancillary Letters to be issued to me, Rob Collins, and to
Louise Bodill.

We understand that, under Section 707 of the Surrogate's Court Procedure Act, we may
only serve as a co-temporary administrators under the decedent's will if a resident of the State of
New York is appointed to serve with us and that such appointment is in the discretion of the


GARRY EVAN SAME
NOTARY PUBLIC
PERTH AUSTRALIA

Court. I hereby designate Louisa Bonallant, who has resides/has offices at

_____ , to serve together with us as co-temporary administrator thereunder.

Dated: 22 FEB, 2008

WILLIAM MARK DYSON

STATE OF WESTERN AUSTRALIA)

: ss.:

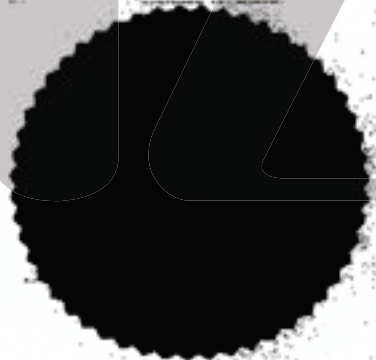
CITY OF PERTH)

On this 22nd day of FEBRUARY, 2008, before me personally came WILLIAM MARK DYSON, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he acknowledged to me that he executed the same.

Notary Public

GARRY EVAN SAME
NOTARY PUBLIC
PERTH AUSTRALIA

My Commission
in Australia
does not expire.





APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: **Australia**

This public document
 2. has been signed by **Garry Evan Same**
 3. acting in the capacity of **Notary Public**
 4. bears the seal/stamp of **Garry Evan Same, Notary Public**

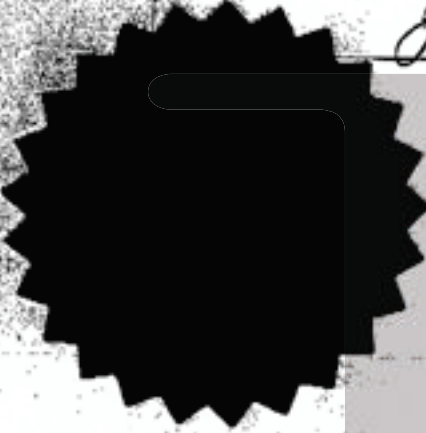
Certified

5. at **Perth** 6. the **22nd day of February, 2008.**

7. by **Jill Peady** **Department of Foreign Affairs and Trade,
Western Australia
Australia.**

8. No. **P00022360**
 9. Seal/Stamp: 10. Signature

Jill Peady



2008 FEB 29 PM 4: 07

SURROGATE'S COURT
NEW YORK COUNTY