

# Bestwall LLC Mesothelioma Claim Questionnaire

## PURPOSE OF QUESTIONNAIRE

The U.S. Bankruptcy Court for the Western District of North Carolina has authorized Bestwall LLC (“**Bestwall**” or the “**Debtor**”), a successor in interest to the former Georgia-Pacific LLC (“**Old GP**”), to issue this Bestwall Mesothelioma Claim Questionnaire (“**Questionnaire**”) to every person who alleges a claim against Bestwall based on a diagnosis of mesothelioma on or before May 1, 2020 (a “**Pending Mesothelioma Claimant**”) that arose, in whole or in part, from alleged exposure to joint compound products that (a) contained asbestos either as a constituent ingredient or an alleged contaminant (for example, allegedly asbestos-containing talc) and (b) were manufactured and sold by the Debtor or its predecessors (including Old GP) on or before December 31, 1977 (the “**Pre-1978 Joint Compound Products**”). The Pre-1978 Joint Compound Products are the following products manufactured at various times by the former Bestwall Gypsum Co. (“**Old Bestwall**”) between 1956 and 1965 or Old GP between 1965 and 1977:

- All Purpose Joint Compound (manufactured by Old GP)
- Bedding Compound (manufactured by Old Bestwall, Old GP)
- Central Mix (manufactured by Old GP)
- Ready Mix (manufactured by Old Bestwall, Old GP)
- Joint Compound (manufactured by Old Bestwall, Old GP)
- Speed Set/One Day (manufactured by Old Bestwall, Old GP)
- Topping Compound (manufactured by Old Bestwall, Old GP)
- Triple Duty Joint Compound (manufactured by Old GP)

Each person meeting these qualifications is referred to below in this Questionnaire as a “Pending Mesothelioma Claimant.”

The Debtor is pursuing reorganization in a Chapter 11 case in the Bankruptcy Court, referred to as *In re Bestwall LLC*, Case No. 17-31795 (Bankr. W.D.N.C.). The Bankruptcy Court has granted the Debtor’s motion under Federal Rule of Bankruptcy Procedure 2004 to issue this Questionnaire.

The purpose of this discovery is to obtain complete and up-to-date information about each Pending Mesothelioma Claim with respect to the topics noted below. If you are a Pending Mesothelioma Claimant, you must provide accurate, complete, and timely responses to this Questionnaire.

All information provided in response to this Questionnaire will be treated as confidential. The uses and further disclosure of such information shall be restricted in accordance with the *Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants and Governing the Confidentiality of Responses*, dated March 23, 2021 (the “**Order**”). A copy of that Order [Dkt. No. 1670] is provided with this Questionnaire.

## INFORMATION FOR PENDING MESOTHELIOMA CLAIMANTS

If you are a Pending Mesothelioma Claimant, you are directed to complete and submit this Questionnaire on or before July 26, 2021.

You may upload your completed Questionnaire responses and any attachments electronically through an electronic portal (the “**Portal**”) supported by Donlin, Recano and Company, Inc., whom the Debtor has retained as its Claims Administrator. Access to this system and upload instructions are available at <https://www.donlinrecano.com/bestwall-piq-form>. If you elect to upload your responses and any attachments electronically, please do so on the Portal no later than July 26, 2021.

You may submit your Questionnaire electronically on the Portal in one of two ways. First, you may submit your Questionnaire by using the field-by-field submission form available on the Portal and uploading any attachments. Second, you may upload a Questionnaire completed offline and any attachments on the Portal. To facilitate this second option, a fillable PDF version of the Questionnaire is available for download from the Portal, in which you may type responses to the Questionnaire if you choose.

In the alternative, you have the option of submitting your completed Questionnaire responses and any attachments by mail. If this is your preference, please deposit your completed Questionnaire, along with any attachments, in the U.S. Mail (and include the required postage) postmarked no later than July 26, 2021, or received by hand delivery or overnight courier by that date, addressed as follows:

**If sent by U.S. Mail, send to:**

Donlin, Recano & Company, LLC  
Re: Bestwall LLC  
P.O. Box 2053  
New York, NY 10272-2042

**If sent by hand delivery or overnight courier, send to:**

c/o Angeion Group  
Donlin, Recano & Company, LLC  
Re: Bestwall LLC  
200 Vesey Street, 24th Floor  
New York, NY 10281

Counsel for each Pending Mesothelioma Claimant listed as such in the Debtor’s database has been provided a unique numerical identifier for such claimant (the “**Bestwall PIQ ID**”). If counsel has received such a number, please insert it where requested in the Questionnaire and in the online Portal submission (if submitted online).

## LIST OF QUESTIONNAIRE SECTIONS AND INSTRUCTIONS

### INDUSTRY CODES

- Contains reference codes for industry in which alleged exposure occurred for use in completing Part 6.

### PART 1: STATUS OF BESTWALL CLAIM

- Provide information about the status of the Pending Mesothelioma Claimant's claim against Bestwall. If you are not a Pending Mesothelioma Claimant, but are listed as such in the Debtor's database and thus receive a unique numerical identifier, you must answer this section and complete Parts 2, 3, and 4, but you are not required to answer the rest of the Questionnaire.

### PARTS 2, 3, 4: INJURED PARTY INFORMATION, RELATED CLAIMANT INFORMATION, LAW FIRM INFORMATION

- In Part 2, provide identifying information for the person diagnosed with mesothelioma (the "**Injured Party**").
- Only complete Part 3 if the claimant (the plaintiff) is a "Related Claimant," rather than the Injured Party. Provide identifying information for the Related Claimant, including the Related Claimant's relationship to the Injured Party.
- As used in this Questionnaire, the term "Related Claimant" means a person who is not the Injured Party but who is making a claim based on or derived from the Injured Party's mesothelioma, either in a representative capacity (e.g., the personal representative of the Injured Party's estate suing for the Injured Party's injuries), or in an independent capacity (e.g., a family member suing for his or her own losses based on the alleged personal injury to or wrongful death of the Injured Party).
- As used in this Questionnaire, "claimant" means the Pending Mesothelioma Claimant, whether the Injured Party or the Related Claimant.
- In Part 4, provide contact information for the law firm that represents the claimant in responding to the Questionnaire. Also provide the identity of any other law firms that represent the claimant with respect to asbestos claims, whether in lawsuits, in making claims against trusts established to pay claims against bankrupt asbestos defendants ("**Trusts**"), or otherwise.

### PART 5: INFORMATION ON MESOTHELIOMA DIAGNOSIS

- Provide diagnosis information related to the alleged injury and/or death of the Injured Party.
- *See* Part 11 below for required documents.

### PART 6: ALLEGED EXPOSURE

- In Part 6A, identify whether the claimant alleges the Injured Party was exposed to asbestos from Pre-1978 Joint Compound Products. Then, answer the questions with respect to the Injured Party's occupational and non-occupational alleged exposures to asbestos from Pre-1978 Joint Compound Products.
- In Part 6B, answer the questions with respect to the Injured Party's occupational and non-occupational alleged exposures to asbestos from all products for which Bestwall is not responsible ("**Other Exposure(s)**") (including products such as talc alleged to contain asbestos that may not have been intentionally added). The products for which Bestwall is responsible are the same products for which Old GP was responsible.
- In Part 6, "secondary" exposure means alleged exposure when another person who worked with or around asbestos-containing products (the "**Primary Exposed Person**") brought home asbestos fibers on his or her clothes. In the case of secondary exposure, list information for jobs and non-occupational

contexts where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure.

- See below for "Option to Respond by Producing Documents," and Part 11 for required documents.

#### **PART 7: INJURED PARTY'S ECONOMIC LOSS INFORMATION**

- Provide the information requested in Part 7 regarding the Injured Party's alleged economic losses and dependents.
- See below for "Option to Respond by Producing Documents," and Part 11 for required documents.

#### **PART 8: LITIGATION AND OTHER CLAIMS RELATED TO THE INJURED PARTY'S ALLEGED ASBESTOS EXPOSURE**

- Provide the information requested in Part 8 regarding all payments received from Trusts and entities that are not Trusts (e.g., other defendants).
- Then, for every lawsuit based on the Injured Party's mesothelioma (or any other asbestos-related condition, whether or not Bestwall or Old GP was a defendant in the lawsuit), provide the requested information in Part 8A and complete Tables A, B, and C.
- See below for "Option to Respond by Producing Documents," and Parts 10 and 11 for required documents.

#### **OPTION TO RESPOND BY PRODUCING DOCUMENTS (APPLICABLE TO PARTS 6, 7, AND 8)**

- In lieu of providing a written response to Part 6, 7, or 8, or any particular question included therein, you may submit verified complaints, interrogatory responses, deposition transcripts of plaintiffs and/or product identification witnesses, bankruptcy trust claim forms, or expert reports that provide true and complete information responsive to the questions answered by this alternative means.

#### **PART 9: CERTIFICATION**

- Either the claimant or the claimant's attorney must sign the appropriate certification.

#### **PART 10: ATTACHMENT OF TRUST CLAIM FORMS**

- The claimant must submit copies of all Trust claim forms submitted by or on behalf of the claimant or Injured Party to Trusts listed in Table B (or the electronic equivalent if submitted electronically), along with any attached documents such as deposition transcripts, affidavits, invoices, etc. Alternatively, the claimant may execute the authorization attached as Exhibit 1 for Bestwall to obtain the claim forms and their attachments directly from the Trusts.

#### **PART 11: ATTACHMENT OF OTHER CASE DOCUMENTS REQUIRED**

- If in the possession of the claimant or claimant's counsel, the claimant must attach copies of the following documents or upload them through the Portal:
  - o All depositions taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party's alleged exposures to asbestos or asbestos-containing products;
  - o All written discovery (including interrogatories and responses to requests for admission) you or your attorney have answered on your behalf in any of the lawsuits listed in Part 8A;
  - o All expert reports produced by any party in any lawsuit listed in Part 8A;
  - o Social Security printout and copy of union employment records (where applicable); and
  - o Copy of medical records (or autopsy report) confirming diagnosis of mesothelioma.

**Industry Codes**  
(use when completing Part 6)

Code	Industry	Code	Industry
<b>I-1</b>	Non-occupational/do-it-yourself (DIY)	<b>Transportation</b>	
<b>Mining/extraction</b>		<b>I-19</b>	Truck transportation
		<b>I-20</b>	Rail transportation
		<b>Utilities and waste management services</b>	
		<b>I-21</b>	Electric and gas utilities and distribution
		<b>I-22</b>	Water, sewer, steam, air-conditioning, heating, and irrigation systems
<b>Construction</b>		<b>I-23</b>	Sewage and water treatment facilities
		<b>I-24</b>	Asbestos abatement
		<b>Military</b>	
		<b>I-25</b>	U.S. Navy
		<b>I-26</b>	Other Armed Forces, Military Reserves, or National Guard Branch
<b>Manufacturing/repairing</b>		<b>Other services and professionals</b>	
		<b>I-10</b>	Asbestos product manufacturing
		<b>I-11</b>	Textile, yarn, thread, fabric, and knitting mills/manufacturing
		<b>I-12</b>	Pulp, paper, and paperboard mills/manufacturing
		<b>I-13</b>	Chemical/petroleum refining
		<b>I-14</b>	Cement, concrete, lime, and gypsum/drywall products manufacturing
		<b>I-15</b>	Blast furnaces and steel mills
		<b>I-16</b>	Iron, aluminum, and other metals foundries/mills/manufacturing
		<b>I-17</b>	Ship and boat building and repairing
		<b>I-18</b>	Motor vehicles and motor vehicle equipment manufacturing
		<b>I-30</b>	Architectural, engineering, and related services
<b>Other</b>		<b>I-27</b>	Automotive repair and maintenance
		<b>I-28</b>	Gasoline stations
		<b>I-29</b>	Commercial and industrial machinery and equipment repair and maintenance
		<b>I-31</b>	Other (describe; use for any other industry in categories above or in any other category)

# Bestwall LLC Mesothelioma Claim Questionnaire

## PART 1: STATUS OF BESTWALL CLAIM

Bestwall PIQ ID (if applicable): \_\_\_\_\_

Select the status of your claim against Bestwall:

- Pending and alleges exposure to asbestos from the Pre-1978 Joint Compound Products
- Would have been filed absent bankruptcy stay and alleges exposure to asbestos from the Pre-1978 Joint Compound Products
- Pending and does not allege exposure to asbestos from the Pre-1978 Joint Compound Products
- Dismissed or withdrawn
- Settled and paid      If so, amount of settlement with Bestwall/Old GP:    \$ \_\_\_\_\_
- Settled and unpaid      If so, amount of settlement with Bestwall/Old GP:    \$ \_\_\_\_\_
- Resolved by judgment    If so, amount of judgment against Bestwall/Old GP:    \$ \_\_\_\_\_
- Not based on a diagnosis of mesothelioma
- I do not assert a claim against Bestwall
- Other (specify): \_\_\_\_\_

If you checked any box other than “Pending and alleges exposure to asbestos from the Pre-1978 Joint Compound Products” or “Would have been filed absent bankruptcy stay and alleges exposure to asbestos from the Pre-1978 Joint Compound Products,” **you do not have to answer the remainder of this Questionnaire other than Parts 2, 3, and 4.**

## PART 2: INJURED PARTY INFORMATION (See instructions above for Part 2 for definition of “Injured Party”)

<p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Initial: _____ Suffix: _____</p> <p>Date of Birth: _____ Sex: _____  <small>(mm/dd/yyyy) (M/F)</small></p> <p>Social Security Number: _____</p> <p>Foreign Tax ID: _____  <small>(if applicable)</small></p> <p>Estate Tax ID: _____  <small>(if applicable)</small></p>	<p>Place of Residence _____</p> <p>City: _____</p> <p>State: _____</p> <p>Postal Code: _____</p> <p>Country: _____  <small>(if outside the US)</small></p> <p>Country of birth: _____</p> <p>Date immigrated to United States: _____  <small>(if applicable)</small></p>
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**PART 3: RELATED CLAIMANT INFORMATION (if different than INJURED PARTY)**

(See instructions above for Part 3 for definition of "Related Claimant")

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(mm/dd/yyyy) (M/F)  
Social Security Number: \_\_\_\_\_  
Foreign Tax ID: \_\_\_\_\_  
(if applicable)

Place of Residence  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
(if outside the US)  
Relationship to Injured Party:  
\_\_\_\_\_

Additional Related Claimants (use additional copies of this page to provide information above for such claimants):

**PART 4: LAW FIRM INFORMATION**

Name of Firm Responding to Questionnaire:  
\_\_\_\_\_  
Name of Firm Contact:  
\_\_\_\_\_  
Phone No: \_\_\_\_\_  
(Area Code) ###-####  
Email: \_\_\_\_\_

Firm Mailing or Street Address:  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Other Law Firms That Represent Claimant with Respect to Asbestos Claims (whether in lawsuits, in making claims against Trusts, or otherwise):

**PART 5: INFORMATION ON MESOTHELIOMA DIAGNOSIS (Required documents should be provided in Part 11)**

Has the Injured Party been diagnosed with Mesothelioma?  Yes  No  
Date of first diagnosis of Mesothelioma (mm/dd/yyyy): \_\_\_\_\_  
Is the Injured Party deceased? (Y/N) \_\_\_\_\_  
If so, Date of Death (mm/dd/yyyy): \_\_\_\_\_  
Has the Injured Party been diagnosed with a different asbestos-related condition at any time? (Y/N): \_\_\_\_\_ If so, identify the condition:  
\_\_\_\_\_

Type of Mesothelioma:  
 Pleural  
 Peritoneal  
 Testicular or ovarian  
 Pericardial  
 Other. If Other, identify:  
\_\_\_\_\_

**PART 6A: ALLEGED EXPOSURE TO PRE-1978 JOINT COMPOUND PRODUCTS**

**INSTRUCTIONS:** Answer the question regarding the Injured Party's alleged exposure to the Pre-1978 Joint Compound Products as defined above in "Purpose of the Questionnaire" ("**Bestwall Exposure**"). Then, complete a separate section for every job in which claimant alleges Bestwall Exposure, as well as any site where claimant alleges non-occupational Bestwall Exposure. Use as many copies of the following two pages as necessary to answer for all jobs and non-occupational sites where alleged Bestwall Exposure occurred, and assign a number for each job or non-occupational site (exposure may be alleged at multiple job sites and/or multiple non-occupational sites). In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person's alleged exposure during the periods when the Secondary Exposed Person claims exposure.

If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

Does claimant allege Bestwall Exposure?  Yes  No

**ALLEGED BESTWALL EXPOSURE (JOB OR NON-OCCUPATIONAL SITE # \_\_\_\_\_)**

Type of alleged exposure (check one and only one):

- Occupational: Injured Party experienced Bestwall Exposure because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Bestwall Exposure for reasons unrelated to his or her job
- Secondary: Injured Party alleges contact with someone who experienced Bestwall Exposure

For Secondary, provide relationship between Injured Party and Primary Exposed Person:

How did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person?

During what period of time did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person? \_\_\_\_\_

Employer (if applicable; for Secondary, list Primary Exposed Person's employer):  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Sites of Bestwall Exposure (i.e., name of worksites or other place of alleged exposure; for Secondary, list sites where Primary Exposed Person was allegedly exposed; use additional pages if necessary):

Site 1:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site 2:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site 3:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site Type(s) (check all that apply):  Industrial  Commercial  Residential  Other (describe):

*If the claimant alleges occupational or secondary exposure, provide information for each occupation Injured Party (or Primary Exposed Person) held in this job. Specify the Occupation, Industry Code (see p. 5—if “Other,” please describe), Start & End Dates (mm/dd/yyyy), and Bestwall Exposure Dates (mm/dd/yyyy) for each occupation. Use additional pages if necessary.*

Occupation 1: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Bestwall Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 2: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Bestwall Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 3: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Bestwall Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Brand names of asbestos-containing products resulting in Bestwall Exposure if known (see above):

Please indicate the nature of the Injured Party’s Bestwall Exposure separately for each exposure (check all that apply and describe how frequently each activity occurred; for secondary exposure, check boxes and answer questions with respect to Primary Exposed Person), and use additional pages if necessary:

Frequency:

- Personally mixed asbestos-containing joint compound \_\_\_\_\_
- Personally sanded asbestos-containing joint compound \_\_\_\_\_
- Personally cleaned up asbestos-containing joint compound after sanding \_\_\_\_\_
- Was within 10 feet of another who was mixing asbestos-containing joint compound \_\_\_\_\_
- Was within 10 feet of another who was sanding asbestos-containing joint compound \_\_\_\_\_
- Was within 10 feet of another who was cleaning up asbestos-containing joint compound after sanding \_\_\_\_\_
- Was on site, 10 feet or more away from others who were mixing, sanding, or cleaning up asbestos-containing joint compound \_\_\_\_\_
- Was in proximity of others who were mixing, sanding, or cleaning up asbestos-containing joint compound but whether such proximity was within 10 feet or greater than 10 feet away from such activity is unknown \_\_\_\_\_
- Other exposure (please specify nature of exposure): \_\_\_\_\_

**PART 6B: ALLEGED OTHER EXPOSURES**

**INSTRUCTIONS:** *In this section, identify each job or non-occupational site at which the Injured Party allegedly experienced Other Exposure, as such term is defined in the Instructions above. Use as many copies of this page as necessary to answer for all jobs and non-occupational sites where alleged Other Exposure occurred (exposure may be alleged at multiple job sites and/or multiple non-occupational sites), and assign a number for each job or non-occupational site. In the case of secondary exposure, list information for job or non-occupational site where primary exposure allegedly occurred and provide the required information regarding the Primary Exposed Person’s alleged exposure during the periods when the Secondary Exposed Person claims exposure.*

*If you wish to produce documents instead of providing a written response, see “Option to Respond by Producing Documents” on page 4 of the instructions, and follow the instructions set forth there and on page 2 under “Information for Pending Mesothelioma Claimants.”*

**OTHER EXPOSURE (JOB OR NON-OCCUPATIONAL SITE # \_\_\_\_\_)**

Type of alleged exposure (check one and only one):

- Occupational: Injured Party experienced Other Exposure(s) because of his or her job (whether full-time or part-time)
- Non-occupational: Injured Party experienced Other Exposure(s) for reasons unrelated to his or her job
- Secondary: Injured Party alleges contact with someone who experienced Other Exposure(s)

For Secondary, provide relationship between Injured Party and Primary Exposed Person:

\_\_\_\_\_

How did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person?

\_\_\_\_\_

During what period of time did the Injured Party allegedly come into contact with asbestos from the Primary Exposed Person? \_\_\_\_\_

Employer (if applicable; for Secondary, list Primary Exposed Person’s employer):

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Sites of Other Exposure (*i.e.*, name of worksites or other place of alleged exposure; for Secondary, list sites where Primary Exposed Person was allegedly exposed; use additional pages if necessary):

Site 1:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site 2:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Site 3:  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

*If the claimant alleges occupational or secondary exposure, provide information for each occupation Injured Party (or Primary Exposed Person) held in this job. Specify the Occupation, Industry Code (see p. 5—if “Other,” please describe), Start & End Dates (mm/dd/yyyy), and Other Exposure Dates (mm/dd/yyyy) for each occupation.*

Occupation 1: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Other Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 2: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Other Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 3: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Other Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 4: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Other Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

Occupation 5: \_\_\_\_\_ Industry Code: I-\_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If other, describe: \_\_\_\_\_  
Other Exposure Dates: \_\_\_\_\_ to \_\_\_\_\_

For each exposure, describe the activity, including the allegedly asbestos-containing product or products involved and how frequently each activity occurred, that resulted in Other Exposure (for Secondary, list activity that resulted in exposure of Primary Exposed Person), and use additional pages if necessary:

If not otherwise identified in attached documents and Trust claim forms, identify any products that resulted in Other Exposure (e.g., insulation, cement, etc.) and, if known, the company that supplied each product:

**PART 7: INJURED PARTY ECONOMIC LOSS INFORMATION**

**INSTRUCTIONS:** Provide the following information. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."

Was/Has the Injured Party retired? (Y/N): \_\_\_\_\_ If yes, date of retirement: (mm/dd/yyyy): \_\_\_\_\_

If *not retired*, answer the following for current activity; if retired, answer the following for activity at retirement date:

Occupation: \_\_\_\_\_ State: \_\_\_\_\_

Industry: \_\_\_\_\_ County: \_\_\_\_\_

Was the Injured Party employed at the time of diagnosis? (Y/N): \_\_\_\_\_

If yes, answer the following:

Occupation: \_\_\_\_\_ State: \_\_\_\_\_

Industry: \_\_\_\_\_ County: \_\_\_\_\_

Planned date of retirement but for diagnosis: (mm/dd/yyyy): \_\_\_\_\_

Did the Injured Party leave employment after the diagnosis? (Y/N): \_\_\_\_\_

If yes, date on which Injured Party left employment: (mm/dd/yyyy): \_\_\_\_\_

Does the claimant allege lost wages, lost Social Security, or lost pension? (Y/N): \_\_\_\_\_ Amount if known: \_\_\_\_\_

Does the claimant allege lost household services? (Y/N): \_\_\_\_\_ Amount if known: \_\_\_\_\_

Does the claimant seek to recover medical expenses? (Y/N): \_\_\_\_\_ Amount if known: \_\_\_\_\_

Does the claimant allege any economic loss other than lost wages, lost household services, and medical expenses? (Y/N/Unknown): \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Amount if known: \_\_\_\_\_

The Injured Party's Current Marital Status (check one):  Single, Never Married  Married  Divorced  Widowed  Marriage Annulled  Legally Separated  Other (specify): \_\_\_\_\_

If married, age of spouse: \_\_\_\_\_

Please provide information on each non-spouse dependent

Dependent	Disabled? (Y/N)	Age	Dependent	Disabled? (Y/N)	Age
Dependent 1	_____	_____	Dependent 6	_____	_____
Dependent 2	_____	_____	Dependent 7	_____	_____
Dependent 3	_____	_____	Dependent 8	_____	_____
Dependent 4	_____	_____	Dependent 9	_____	_____
Dependent 5	_____	_____	Dependent 10	_____	_____

**PART 8: LAWSUITS AND OTHER CLAIMS BASED ON THE INJURED PARTY'S MESOTHELIOMA (OR OTHER ASBESTOS-RELATED CONDITION)**

***INSTRUCTIONS:** Answer the questions regarding payments received by the claimant. Then, use additional copies of the following page **AND** associated **TABLE A** for **EACH LAWSUIT** seeking compensation based on the Injured Party's mesothelioma (or a separate lawsuit alleging another asbestos-related condition), whether or not (1) Bestwall, Old GP, or Georgia-Pacific LLC was named as a defendant, or (2) the lawsuit remains pending. Use additional pages if more space is required. If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."*

Provide the total aggregate amount of all payments received by the claimant from all Trusts on account of the Injured Party's mesothelioma:

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Provide the total number of Trusts from which the claimant has received a payment on account of the Injured Party's mesothelioma:

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Provide the total aggregate amount of all payments received by the claimant from all entities that are not Trusts, such as tort system defendants, on account of the Injured Party's mesothelioma

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Provide the total number of non-Trust entities from which the claimant has received a payment on account of the Injured Party's mesothelioma:

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**PART 8A: LAWSUITS BASED ON THE INJURED PARTY'S MESOTHELIOMA (OR SEPARATE LAWSUIT BASED ON ANOTHER ASBESTOS-RELATED CONDITION)**

**LAWSUIT # \_\_\_\_\_ -of - \_\_\_\_\_ (For example, Lawsuit #1 of 3 related lawsuits. Use additional copies of this page to complete the section separately for each related lawsuit.)**

What is the capacity of the claimant *(select and fill out for all that apply)*?

- Injured Party                       Personal Representative/Executor     Dependent Child  
 Spouse of Injured Party     Wrongful Death Claimant                       Other (please specify): \_\_\_\_\_

State (list state): \_\_\_\_\_ Federal court? (Y/N): \_\_\_\_\_

What state county/subdivision or federal district court: \_\_\_\_\_

Case Number / Docket Number: \_\_\_\_\_ Date first filed: \_\_\_\_\_

**Trial Information**

Has this claim been resolved either in whole or in part by trial? (Y/N): \_\_\_\_\_

If yes, please provide further information about the trial:

Was a verdict entered? (Y/N): \_\_\_\_\_

If a verdict was entered, please provide further information about the verdict:

When was the verdict entered? (mm/dd/yyyy): \_\_\_\_\_

Was it a plaintiff verdict or a defense verdict? \_\_\_\_\_

If a plaintiff verdict, please answer the following:

Which defendants were found liable?

\_\_\_\_\_  
What was the allocation of fault or damages?

\_\_\_\_\_  
Was there a monetary award to plaintiff (Y/N)? \_\_\_\_\_

If yes, what was the award of compensatory damages? \_\_\_\_\_

Is the case on appeal? (Y/N): \_\_\_\_\_

Complete **attached TABLE A** for all defendants named in this lawsuit

**TABLE A**

**NAMED DEFENDANTS AGAINST WHICH A LAWSUIT FOR ASBESTOS-RELATED  
PERSONAL INJURY OR WRONGFUL DEATH HAS BEEN FILED**

*If you wish to produce documents instead of providing a written response, see "Option to Respond by Producing Documents" on page 4 above, and follow the instructions set forth there and on page 2 under "Information for Pending Mesothelioma Claimants."*

**LAWSUIT #** \_\_\_\_\_ **-of-** \_\_\_\_\_ *(fill in appropriate lawsuit # from PART 8A)*

**RELATED CASE NUMBER** \_\_\_\_\_ *(fill in appropriate Case Number from PART 8A)*

<b>Named Defendant</b>	<b>Claim Status</b>	<b>Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)</b>
1	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
2	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
3	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
4	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

5	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
6	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
7	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
8	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
9	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
10	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

11	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
12	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
13	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
14	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
15	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
16	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

17	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
18	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
19	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
20	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
21	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	
22	<input type="checkbox"/> Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed with prejudice, no payment <input type="checkbox"/> Dismissed without prejudice, no payment <input type="checkbox"/> Summary judgment for defendant <input type="checkbox"/> Plaintiff verdict, resolved <input type="checkbox"/> Plaintiff verdict, on appeal <input type="checkbox"/> Defense verdict, resolved <input type="checkbox"/> Defense verdict, on appeal	

**Note: If more space is required, use additional pages**

**PART 8B: OTHER CLAIMS RELATED TO THE INJURED PARTY (Information About Claims against Bankruptcy Trusts and Other Entities)**

***INSTRUCTIONS:** Complete attached Table B (claims against bankruptcy trusts) and attached Table C (claims against other entities not previously identified in Table A or Table B) for all such claims based on the Injured Party’s mesothelioma or other asbestos-related condition. You must provide information relating to claims against Trusts and against other entities made by or on behalf of the claimant or the Injured Party. Use additional pages if more space is required. If you wish to produce documents instead of providing a written response, see “Option to Respond by Producing Documents” on page 4 above, and follow the instructions set forth there and on page 2 under “Information for Pending Mesothelioma Claimants.”*

**TABLE B**

**BANKRUPTCY TRUSTS AGAINST WHICH A CLAIM HAS BEEN FILED FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH**

	<b>Claim Has Been Filed</b>	<b>Claim Status (check all applicable)</b>	<b>Payment Date (or, if not paid, Resolution Date)</b>
A&I Corporation Asbestos Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
A-Best Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
AC&S Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Amatex Asbestos Disease Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
APG Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
API, Inc. Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Armstrong World Industries Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
ARTRA 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
ASARCO LLC Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Bartells Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Brauer 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Burns and Roe Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
C. E. Thurston & Sons Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Celotex Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Christy Refractories Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Combustion Engineering 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Congoleum Plan Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
DII Industries, LLC Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Durabla Manufacturing Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Eagle-Picher Industries Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Federal Mogul U.S. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Flintkote Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Forty-Eight Insulations Qualified Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Fuller-Austin Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
G-I Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
GST Settlement Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
H. K. Porter Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Hercules Chemical Company, Inc. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
J.T. Thorpe Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
JT Thorpe Company Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Kaiser Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Keene Creditors Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Leslie Controls, Inc. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Lykes Tort Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
M. H. Detrick Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Manville Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Metex Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Motors Liquidation Company Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Muralo Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
NGC Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
North American Refractories Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Plant Insulation Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
PLI Disbursement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Plibrico Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Porter Hayden Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Quigley Company, Inc. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Raytech Corporation Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Rock Wool Mfg Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Rutland Fire Clay Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Shook & Fletcher Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Skinner Engine Co. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
SPHC Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
State Insulation Corporation Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Stone and Webster Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Swan Asbestos and Silica Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Thorpe Insulation Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United Gilsonite Laboratories Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United States Gypsum Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
United States Mineral Products Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
UNR Asbestos-Disease Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

Utex Industries, Inc. Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Wallace & Gale Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Western MacArthur-Western Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
WRG Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Yarway Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	
Other Trust _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Deferred <input type="checkbox"/> Withdrawn <input type="checkbox"/> Rejected / closed without payment	

**TABLE C**

**OTHER ENTITIES AGAINST WHICH A CLAIM FOR ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH HAS BEEN ASSERTED OUTSIDE OF JUDICIAL PROCEEDINGS OR TRUST PROCESSES, OR AGAINST WHICH CLAIMANT’S LAW FIRM PRESENTLY INTENDS TO ASSERT A CLAIM UNDER AN ADMINISTRATIVE AGREEMENT**

<b>Company or Other Party</b>	<b>Claim Status</b>			<b>Payment Date (or, if not paid, Resolution Date) (mm/dd/yyyy)</b>
1	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
2	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
3	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
4	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
5	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
6	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
7	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
8	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
9	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
10	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
11	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
12	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
13	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
14	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
15	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
16	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
17	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
18	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
19	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
20	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
21	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
22	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
23	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
24	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	
25	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Settled	

Note: If more space is required, use additional pages

**PART 9: CLAIM CERTIFICATION**

*INSTRUCTIONS: This certification must be signed by either the Injured Party/Related Claimant or by the attorney for such party but need not be signed by both.*

**If Completed By Claimant:**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the information contained in the foregoing responses to this Questionnaire is true, accurate and complete as of the date hereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**If Completed By Attorney:**

I acknowledge that by submitting the foregoing responses to this Questionnaire on behalf of my client, I am making the certifications contained in Rule 9011(b) of the Federal Rules of Bankruptcy Procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Law Firm

**PART 10: TRUST CLAIM FORMS**

Attach copies of all Trust claim forms submitted by or on behalf of the claimant or Injured Party to Trusts listed in Table B, as well as all attachments to such claim forms, such as deposition transcripts, affidavits, invoices, etc. Alternatively, the claimant may execute the form attached as Exhibit 1 to authorize a law firm representing Bestwall to obtain from Trusts any claim forms submitted to a Trust by or on behalf of the claimant or Injured Party, as well as any attached documents. This requirement applies only to claim forms submitted to one or more Trusts (or the equivalent information as to trust claims that you filed with trusts electronically).

**PART 11: ATTACHMENT OF OTHER CASE DOCUMENTS REQUIRED**

Attach copies of the following documents in your possession or in the possession of your counsel:

- a. All depositions taken in any lawsuits listed in Part 8A that relate in any way to the Injured Party’s alleged exposures to asbestos or asbestos-containing products
- b. All written discovery (including interrogatories and responses to requests for admission) you or your attorney have answered on your behalf in any of the lawsuits listed in Part 8A
- c. All expert reports produced by any party in any lawsuit listed in Part 8A
- d. Social Security printout and copy of union employment records (where applicable)
- e. Copy of medical records (or autopsy report) confirming diagnosis of mesothelioma

**Exhibit 1: Claimants’ Optional Authorization for Debtor’s Counsel to Obtain Trust Records**

TO WHOM IT MAY CONCERN:

The Claimant named below hereby authorizes each Trust listed in the attachment hereto to provide a copy of any claim form submitted to such Trust as well as all documents attached to the form by or on behalf of such Claimant (or the equivalent information as to Trust claims filed with Trusts electronically) to the law firm of Robinson, Bradshaw & Hinson, P.A. (“Robinson Bradshaw”) in its capacity as counsel to Bestwall LLC in its chapter 11 case, docketed as Case No. 17-BK-31795 (Bankr. W.D.N.C.) (the “Bankruptcy Case”).

The Claimant has elected to provide this Authorization pursuant to the *Order Pursuant to Bankruptcy Rule 2004 Directing Submission of Personal Injury Questionnaires by Pending Mesothelioma Claimants and Governing the Confidentiality of Responses*, entered in the Bankruptcy Case on March 23, 2021 [Dkt. No. 1670] (the “Questionnaire Order”). The Claimant expressly reserves his or her right to all of the protections of the Questionnaire Order, including, without limitation, the restrictions set forth therein on the uses and disclosure of “Confidential Questionnaire Information.” Except for the limited disclosure permitted by this Authorization, the Claimant does not waive, but expressly asserts, his or her rights under any confidentiality provisions applicable under the bankruptcy plan of reorganization, Trust agreement, or Trust distribution procedures under which any given Trust was created or operates.

This Authorization does not permit any Trust to release any information whatsoever, other than a copy of any claim form submitted to any of the listed Trusts by or on behalf of the Claimant (or the equivalent information as to Trust claims filed with Trusts electronically), as well as any attached documents such as deposition transcripts, affidavits, invoices, etc. Without limiting the generality of the foregoing two sentences, the Authorization does not permit any Trust to release information concerning the status of any claim, settlement of any claim, or payment of any claim.

Name of Claimant: \_\_\_\_\_

Claimant Social Security No.: \_\_\_\_\_

Name of Injured Party: \_\_\_\_\_

Injured Party Social Security No.: \_\_\_\_\_

Signature of Claimant or attorney authorized to execute this document for Claimant:

\_\_\_\_\_

Name of signing attorney,  
if applicable:

\_\_\_\_\_

Date:

\_\_\_\_\_

Attachment: List of Asbestos Settlement Trusts

**Attachment to Exhibit 1: List of Trusts Referenced in Claimants' Optional Authorization for Debtors' Counsel to Obtain Trust Records**

<b>Trusts</b>	
A&I Corporation Asbestos Bodily Injury Trust	NGC Bodily Injury Trust
ABB Lummus Global Inc. 524(g) Asbestos PI Trust	North American Refractories Company Asbestos Personal Injury Settlement Trust
A-Best Asbestos Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (OC Sub-Fund)
AC&S Asbestos Settlement Trust	Owens Corning Fibreboard Asbestos Personal Injury Trust (FB Sub-Fund)
Amatex Asbestos Disease Trust Fund	Pittsburgh Corning Corporation Asbestos Personal Injury Settlement Trust
APG Asbestos Trust	Plant Insulation Company Asbestos Settlement Trust
API, Inc. Asbestos Settlement Trust	PLI Disbursement Trust
Armstrong World Industries Asbestos Personal Injury Settlement Trust	Plibrico Asbestos Trust
ARTRA 524(g) Asbestos Trust	Porter Hayden Bodily Injury Trust
ASARCO LLC Asbestos Personal Injury Settlement Trust	Quigley Company, Inc. Asbestos Personal Injury Trust
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	Raytech Corporation Asbestos Personal Injury Settlement Trust
Bartells Asbestos Settlement Trust	Rock Wool Mfg Company Asbestos Trust
Brauer 524(g) Asbestos Trust	Rutland Fire Clay Company Asbestos Trust
Burns and Roe Asbestos Personal Injury Settlement Trust	Shook & Fletcher Asbestos Settlement Trust
C. E. Thurston & Sons Asbestos Trust	Skinner Engine Co. Asbestos Trust
Celotex Asbestos Settlement Trust	SPHC Asbestos Personal Injury Trust
Christy Refractories Asbestos Personal Injury Trust	State Insulation Corporation Asbestos PI Trust
Combustion Engineering 524(g) Asbestos PI Trust	Stone and Webster Asbestos Trust
Congoleum Plan Trust	Swan Asbestos and Silica Settlement Trust
DII Industries, LLC Asbestos PI Trust	T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust
Durabla Manufacturing Company Asbestos Trust	Thorpe Insulation Company Asbestos Personal Injury Settlement Trust
Eagle-Picher Industries Personal Injury Settlement Trust	United Gilsonite Laboratories Asbestos Personal Injury Trust
Federal Mogul U.S. Asbestos Personal Injury Trust	United States Gypsum Asbestos Personal Injury Settlement Trust
Flintkote Asbestos Trust	United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust
Forty-Eight Insulations Qualified Settlement Trust	United States Mineral Products Company Asbestos Personal Injury Settlement Trust
Fuller-Austin Asbestos Settlement Trust	UNR Asbestos-Disease Claims Trust
G-I Asbestos Settlement Trust	Utex Industries, Inc. Successor Trust
GST Settlement Facility	Wallace & Gale Company Asbestos Settlement Trust
H. K. Porter Asbestos Trust	Western MacArthur-Western Asbestos Trust
Hercules Chemical Company, Inc. Asbestos Trust	WRG Asbestos PI Trust
J.T. Thorpe Settlement Trust	Yarway Asbestos Personal Injury Trust
JT Thorpe Company Successor Trust	
Kaiser Asbestos Personal Injury Trust	
Keene Creditors Trust	
Leslie Controls, Inc. Asbestos Personal Injury Trust	
Lykes Tort Claims Trust	
M. H. Detrick Company Asbestos Trust	
Manville Personal Injury Settlement Trust	
Metex Asbestos PI Trust	
Motors Liquidation Company Asbestos Personal Injury Trust	
Muralo Trust	