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ENDORSED  
FILED  
Superior Court of California  
County of San Francisco

NOV 26 2013

CLERK OF THE COURT

BY: AUDREY HUIE  
Deputy Clerk

9 SUPERIOR COURT OF THE STATE OF CALIFORNIA

10 COUNTY OF SAN FRANCISCO

11  
12 IN RE COMPLEX ASBESTOS LITIGATION

Case No. CGC-84-828684

13 **ORDER OF CLERICAL CORRECTIONS**  
14 **TO EXHIBITS D-G AND EXHIBIT I TO**  
15 **THE JUNE 29, 2012 ASBESTOS CASE**  
16 **MANAGEMENT ORDER**

17  
18 The Court hereby orders replacement of the above referenced exhibits to the In Re:  
19 Complex Asbestos Litigation Case Management Order dated June 29, 2012. For ease of  
20 uploading and the convenience of all parties, the June 29, 2012 Case Management Order and all  
21 effective exhibits are attached. Designated Defense Counsel will electronically serve all counsel  
22 with this notice and the attachment.

23 IT IS HEREBY ORDERED

24  
25 Dated: NOV 26 2013

26 TERI L. JACKSON  
27 Honorable Teri L. Jackson  
28 JUDGE OF THE SAN FRANCISCO SUPERIOR COURT



Jun 29 2012  
3:45PM

**FILED**  
Superior Court of California  
County of San Francisco

JUN 29 2012

CLERK OF THE COURT  
BY: Andrey G. [Signature]  
Deputy Clerk

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**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF SAN FRANCISCO**

**IN RE: COMPLEX ASBESTOS )  
LITIGATION )  
CASE NO. CGC-84-828684  
CASE MANAGEMENT ORDER**

On October 2, 2011, the San Francisco County Superior Court (“Court”) issued In Re Complex Asbestos Litigation, case number CGC-84-828684, Order: 1) Rescinding all Asbestos General Orders Except Those Specifically Retained and 2) Ceasing the Practice of Grouping (“Rescinding Order”) stating the Court’s intention to rescind specific asbestos general orders in existence on said date. On December 5, 2011 this Court stayed the application of the Rescinding Order. As of July 2, 2012, all asbestos General Orders are rescinded except as herein provided and the stay on the Rescinding Order is lifted and modified as set forth in this Case Management Order (“Order”).

The Court has previously found that asbestos cases constitute “complex litigation” within the meaning of former Standard 19 of the Judicial Administration Standards. The Court continues its finding that asbestos cases present complex litigation under Standard 3.10 of the Judicial Administration Standards. This Order shall comply with the California Code of Civil Procedure (“CCP”), the California Rules of Court, and San Francisco Local Rules of Court unless herein specifically modified by the Court in recognition of the complex nature of asbestos cases.

1           These cases require exceptional judicial management to avoid placing unnecessary  
2 burdens on the Court and litigants and to expedite the cases, keep costs reasonable, and promote  
3 effective decision-making by the Court, the plaintiffs/defendants and their counsel, within the  
4 meaning of California Rules of Court, Rule 3.400. As a result, it was and remains the policy of  
5 the Court to:

- 6           1.       Promote the mutual expeditious exchange of necessary and relevant information to  
7           facilitate the prompt evaluation of cases whenever possible;
- 8           2.       Curtail and prevent repetitive, burdensome discovery;
- 9           3.       Encourage the delegation of some discovery tasks and the sharing of costs on  
10          common tasks to avoid unnecessary duplication and expense to the litigants; and
- 11          4.       Bring asbestos cases cost effectively to early and meaningful settlement  
12          negotiations and resolution or trial where appropriate or to provide for sufficient discovery  
13          to allow for the timely filing and decision on dispositive motions.

14           Therefore, this Court adopts this Order to govern procedures in asbestos personal injury  
15 and wrongful death cases pending or filed on or after July 2, 2012. However as of the effective  
16 date of this Order, July 2, 2012, any case with a trial date on or before September 30, 2012 shall  
17 continue to be governed by the General Orders in place as of September 30, 2011 instead of this  
18 Order. For all pending cases as of June 29, 2012 that utilize the Master Pleading pursuant to  
19 General Order 55, said complaint will remain operative. This Order shall be referenced in any  
20 complaint filed on or after July 2, 2012.

21           Any party wishing to object to the application of all or part of this Order to a specific case  
22 filed on/or after July 2, 2012 shall do so on noticed motion made to the Asbestos Judge within  
23 thirty ("30") days of the filing of the complaint, or said party's appearance, whichever is later.

24           Nothing herein limits the Court from issuing case specific orders.

25           **1. In re: Complex Asbestos Litigation Designation**

26           All litigation currently pending or hereafter filed in the Court involving alleged bodily  
27 injury due to asbestos exposure is determined to be complex litigation under Standard 3.10 of the  
28 Standards of Judicial Administration and California Rules of Court, Rule 3.403(h).

1     **2.     Creation of Asbestos Case Management Department**

2             A.     Asbestos Department

3                     All pre-trial motions and trial assignments in asbestos cases and other matters as  
4     designated by the Asbestos Judge shall be noticed and heard by the Asbestos Judge or  
5     assigned by the Asbestos Judge to another department.

6             B.     Case Management

7                     When an asbestos complaint is filed, the clerk will designate on its face a  
8     Trial Setting Conference (“TSC”) date. The TSC date shall be set approximately  
9     eleven (“11”) months after the date the complaint is filed. Absent good cause, it is  
10    anticipated the trial date will be set approximately six (“6”) to eight (“8”) months  
11    after the TSC. Two weeks prior to the TSC, Plaintiff’s counsel must provide to the  
12    Court and all parties a statement of compliance that said complaint (1) conforms to  
13    the California Rules of Court, Rule 3.110 and (2) the service and appearance status  
14    of all named defendants. Failure to comply with the requirement set forth herein,  
15    including service, responsive pleading and default, may result in the cancellation  
16    of the TSC and the issuance of an order to show cause. No trial date shall be set  
17    and the case shall be continued to a later TSC if the deposition of plaintiff has *not*  
18    been noticed and/or *not* completed as to all defendants who have been served  
19    unless there is good cause shown as to why plaintiff’s deposition cannot be  
20    completed prior to the TSC hearing date.

21                    Any party with an issue related to the TSC and/or trial date that has not  
22    been resolved after meeting and conferring with opposing counsel may request a  
23    Case Management Conference (“CMC”) be scheduled. The requesting party shall  
24    file and serve a CMC statement setting forth the specific issue to be addressed by  
25    the Court with a meet and confer declaration as defined by CCP § 2016.040.  
26    Upon receipt of the CMC statement, the Court may set a CMC within fourteen  
27    (“14”) days and provide notice to the requesting party providing no less than five  
28    (“5”) court days notice of the CMC. Requesting party shall serve the notice of the



1 CMC on all parties within one ("1") business day of the receipt of same from the  
2 Court.

3 **3. In re: Complex Asbestos Litigation File**

4 The County Clerk shall maintain a file in compliance with electronic filing, see Section 4  
5 Electronic Filing herein set forth below, for filings under the "In Re: Complex Asbestos  
6 Litigation" caption and case number CGC-84-828684 which shall be readily available to the  
7 attorneys and parties involved in asbestos litigation and to the public generally.

8 All orders that are applicable to asbestos litigation shall be filed in this file, with the In  
9 Re: Complex Asbestos Litigation caption and case number.

10 **4. Electronic Filing**

11 All documents filed in asbestos cases shall be electronically filed and served on all parties  
12 as set forth in Exhibit A: San Francisco County Superior Court Amended General Order  
13 158, filed October 16, 2006, herein attached. However this Order does not require compliance  
14 with Section 14 of General Order 158.

15 **5. Designated Defense Counsel**

16 A. The California law firm of Berry & Berry is provisionally appointed under  
17 *Asbestos Claims Facility v. Berry & Berry*, 219 Cal. App. 3d 9, 267 Cal. Rptr. 896 (1990)  
18 as the Designated Defense Counsel ("DDC") for one ("1") year from the date of this  
19 Order. Defendants shall select DDC and inform the Court of the identity of DDC  
20 on an annual basis from the date of this Order. If defendants do not identify a DDC on the  
21 anniversary date, then the previously appointed DDC remains in place for another year.  
22 Until a further Order is issued by the Court, said DDC shall coordinate the procurement  
23 and scheduling of certain pretrial discovery activities described herein and, if requested by  
24 the Court, to report progress of the coordinated discovery to the Court. DDC shall  
25 not be deemed an attorney for any defendant solely as a result of said activities. The  
26 participating defendants do not waive the attorney-client privilege and/or disclosure of  
27 confidential attorney work product by DDC's performance of said activities.

28 B. Nothing herein precludes DDC from providing or contracting with any

1 defendant for services beyond those authorized in this Order, such services include but are  
2 not limited to jointly retaining experts on behalf of defendants, noticing, taking and/or  
3 defending medical expert witnesses at deposition, or acting as medical trial counsel  
4 provided that an association of attorneys has been filed. Any such additional services  
5 shall be charged only to defendants requesting or contracting with DDC for said  
6 additional services. However, by appearing at a deposition of a joint defense medical  
7 expert, or by requesting the work product from the expert's examination or review, that  
8 defendant will be billed and obligated to pay for its per capita share of the costs and fees  
9 associated with that expert examination or review, plus the costs and fees associated with  
10 acquisition of the materials upon which the expert relies. The amounts billed to such a  
11 defendant shall be credited per capita to each defendant which had previously paid or been  
12 billed for such services. To the extent any defendant requests an Independent Medical  
13 Examination ("IME") of plaintiff, DDC shall schedule and coordinate the IME which  
14 may, at defendants' option, include: physical examination, chest radiographs/ CT scans,  
15 pulmonary function test and an oral history. DDC must comply with the standards  
16 set forth in *Asbestos Claims Facility v. Berry & Berry*, 219 Cal. App. 3d 9, 267 Cal. Rptr.  
17 896 (1990) in executing its duties.

18 C. It is ordered that DDC shall have electronic access to (1) "In Re: Complex  
19 Asbestos Litigation" caption, case number CGC-84-828684, and (2) all asbestos cases in  
20 which DDC has been appointed Designated Defense Counsel by the defendants  
21 through the electronic service vendor.

22 D. DDC's costs and reasonable fees shall be shared equally among all  
23 defendants appearing in the action and allocated on a per capita basis for the following  
24 functions provided by DDC to all defendants:

- 25 1. As requested by the Court, provide reports or updates, or respond to Court  
26 inquiries, and/or attend Case Management Conferences, Trial Setting Conferences  
27 and Motions for Trial Preference;
- 28 2. Obtain authorizations and stipulations for the release of medical (including

1 pathology and radiology), employment, union and military records;

2 3. Notice, schedule and coordinate plaintiff's deposition with request for  
3 production of documents, including cost of the court reporter, original transcript,  
4 videotaping, videoconferencing and may include plaintiff's reasonable travel  
5 expenses if taken at a more distant location as provided in CCP § 2025.250; and

6 4. For service and process of the plaintiff's Preliminary Fact Sheet (herein set  
7 forth below in Section 6(A)) and standard interrogatories served upon plaintiff.

8 E. A defendant who is no longer an active party to a case shall provide written notice  
9 to DDC, and within one ("1") business day of receipt of same, DDC shall cease billing  
10 that defendant for any function pursuant to this Order.

11 F. No activity performed by DDC in this Section shall constitute a general  
12 appearance by or on behalf of any defendant.

13 G. Nothing in this Order precludes a defendant from filing a motion to compel or  
14 other motion seeking relief and any such motion may be filed by DDC, at the  
15 request of a contracting defendant(s).

16 **6. Disclosure of Information**

17 The complex nature of asbestos cases allows this Court to direct methods or procedures  
18 regarding initial standard discovery among the parties in compliance with the Court's inherent  
19 powers under the CCP, California Rules of Court, and San Francisco Local Rules of Court.  
20 However, nothing in this section precludes a party from asserting their objection under applicable  
21 statutes and/or case law.

22 A. **Preliminary Fact Sheet**

23 Contemporaneous with the filing of a complaint for alleged bodily injury due to  
24 asbestos exposure, there shall be filed a Preliminary Fact Sheet ("PFS") prepared and  
25 signed by plaintiff's counsel. The PFS shall comply exactly with the form attached  
26 hereto. (See attached Exhibit B: Plaintiff's Preliminary Fact Sheet/New Filing/Asbestos  
27 Litigation). The PFS, with required exhibits, shall accompany any service of summons  
28 and complaint thereafter made. The PFS is provided to defendants solely for

1 informational and administrative purposes and shall not be used by any party as evidence  
2 or for impeachment purposes. Plaintiffs shall serve DDC, in those cases in which they  
3 serve as Designated Defense Counsel, with a copy of the complaint, the PFS and  
4 exhibits contemporaneously with service on the first defendant.

5 B. Standard Discovery

6 Defendant's Standard Discovery to Plaintiff's

7 (1) Within twenty-one ("21") days after service of the complaint, plaintiff  
8 shall serve on all defendants responses to Standard Asbestos Case Interrogatories,  
9 Set 1. (See attached Exhibit C: Defendants' Standard Interrogatories to Plaintiff  
10 (Personal Injury), Set 1). Responses to Standard Loss of Consortium  
11 Interrogatories, Wrongful Death Interrogatories or Standard Friction  
12 Interrogatories, when appropriate, shall be served within thirty ("30") days after  
13 service of the complaint. (See attached Exhibits D: Defendants' Standard  
14 Interrogatories to Plaintiff (Loss of Consortium), Set 1), Exhibit E: Defendants'  
15 Standard Interrogatories to Plaintiff (Wrongful Death), Set 1), Exhibit F:  
16 Defendants' Standard Interrogatories to Plaintiff (Friction), Set 1). Plaintiff shall  
17 respond to the Standard Request for Production of Documents and Things (See  
18 attached Exhibit G: Defendants' Standard Request for Production and  
19 Identification of Documents and Things to Plaintiff(s)) and serve said responses on  
20 all defendants within thirty ("30") days after service of the complaint or ten ("10")  
21 days prior to the date initially noticed for the deposition of plaintiff, whichever is  
22 earlier. If any defendant is subsequently served with the summons and complaint,  
23 plaintiff shall serve responses to the applicable Standard Interrogatories if said  
24 responses were previously served, otherwise within twenty-one ("21") days of the  
25 initial service of the summons and complaint on any party.

26 (2) The original responses to Standard Interrogatories, as previously identified  
27 as Exhibit C through Exhibit G, are to be served on DDC in those cases in  
28 which a Designated Defense Counsel has been appointed, if there is no Designated

1 Defense Counsel then plaintiff shall serve each defendant with the responses in  
2 compliance with the CCP. Any requests for extension of time for plaintiff to  
3 respond to Standard Interrogatories shall be directed to DDC in those cases in  
4 which a Designated Defense Counsel has been appointed. If there is no DDC  
5 appointed, then plaintiff must request extension to all of the served defendants in  
6 compliance with the CCP.

7 Plaintiff's Case-Specific Standard Interrogatories to Defendants

8 (1) The Court will allow plaintiff to propound Plaintiff's Case-Specific  
9 Standard Interrogatories to Defendants (See Exhibit H: Plaintiff's Case-Specific  
10 Standard Interrogatories to Defendants). Plaintiff may propound these  
11 interrogatories ten ("10") days after the service of the summons and complaint on,  
12 or appearance by, the defendant on whom they are served, whichever comes first.

13 (2) Plaintiff's Case-Specific Standard Interrogatories must be captioned and  
14 served in an individual case and shall neither be captioned nor served in In Re:  
15 Complex Asbestos Litigation, case number CGC-84-828684.

16 C. Authorizations

17 (1) Within ten ("10") days after receipt of the standard discovery responses,  
18 DDC shall forward authorization forms and stipulations (See attached Exhibits  
19 I-I to I-12) necessary for production of records, pathology and radiology to  
20 plaintiff and plaintiff shall provide fully executed authorizations to DDC within  
21 thirty ("30") days of the receipt of the forms and stipulations. Duration of the  
22 executed authorizations shall be for one ("1") year. DDC may submit to plaintiff  
23 for signature and return to DDC within ten ("10") days, updated authorizations  
24 and/or any additional forms required by a particular facility where  
25 plaintiff/decendent received treatment.

26 (2) Upon receipt of records obtained by stipulation or authorization, the  
27 document reproduction service will forward these records to plaintiff's counsel  
28 and no sooner than twenty-one ("21") days later, the document reproduction

1 service will provide copies to DDC, unless notified in writing of an objection.  
2 Any party may either make or oppose a motion to compel and/or a motion for  
3 protective order or without waiving the objection, make a motion in limine for  
4 disclosure of records at trial.

5 In cases where the PFS indicates an intent to file a Motion for Preference  
6 pursuant to CCP § 36 or in cases where said motion has been filed, the document  
7 reproduction service will immediately electronically scan and send (or hand  
8 deliver) copies of said records to plaintiff's counsel. The records will be provided  
9 to DDC no sooner than seven ("7") days after delivery of the records to  
10 plaintiff's counsel unless DDC and the document reproduction service are  
11 advised in writing of an objection to said production. There shall be no "first  
12 look" as to plaintiff's Social Security Earnings Records.

13 (3) All records produced pursuant to this Section are presumed to be  
14 authenticated and to satisfy the business records exception of the hearsay rule  
15 under Cal. Evid. Code §§ 1270 to 1272 unless the party objecting to the admission  
16 establishes the contrary by a preponderance of the evidence.

17 **D. RECORD PROCUREMENT**

18 (1) DDC shall be responsible for initiating the procedures necessary to  
19 obtain plaintiff's medical and employment records and related medical evidence  
20 (radiographs, x-rays, photographs, pathology specimens, etc.), including issuance  
21 of subpoenas.

22 (2) In those cases where a DDC is appointed, absent Court order, no other  
23 defendant shall initiate procedures to obtain from the plaintiff his/her medical and  
24 employment records or medical evidence. A defendant, however, may seek said  
25 records as part of a deposition subpoena or notice of depositions of plaintiff's  
26 employers or treating doctors.

27 (3) DDC is appointed as primary custodian of pathology specimens and  
28 chest radiographs/CT scans which DDC obtains via subpoena or plaintiff's

1 authorization/stipulation until the date of trial, at which time DDC shall deliver  
2 all pathology materials, films and CT scans to plaintiff. Upon written request  
3 DDC shall notify plaintiff of any pathology specimens and chest radiographs/CT  
4 scans obtained by DDC and cooperate with plaintiff's review of same.  
5 Plaintiff and those defendants participating in this function shall have  
6 reasonable and timely access to said materials.

7 **7. Deposition of Plaintiff**

8 A. The plaintiff's deposition shall be noticed by DDC or by counsel for plaintiff  
9 pursuant to CCP § 2025.210. Prior to noticing the deposition of plaintiff, DDC and  
10 counsel for plaintiff shall meet and confer regarding deposition dates and location. The  
11 party that notices the deposition shall proceed first.

12 B. (1) Non-Preference Cases

13 Absent agreement of the parties or Court order, there is no presumptive  
14 time limit for the defense's examination of plaintiff. The Court may extend or  
15 shorten the length of the deposition upon a showing of good cause. The parties  
16 may, at any time, agree among themselves to extend or shorten the length of any  
17 deposition.

18 (2) Preference Cases

19 In any case in which plaintiff has notified defendants that preference  
20 under CCP § 36 will be or has been sought there is a presumptive twenty ("20")  
21 hours for the defense's examination of plaintiff subject to adjustment by the Court  
22 for the number of active named defendants, number of alleged exposures, and  
23 number of job sites identified. The Court may extend or shorten the length of the  
24 deposition upon a showing of good cause. The parties may, at any time, agree  
25 among themselves to extend or shorten the length of any deposition.

26 (3) If any portion of the trial preservation testimony is videotaped then the  
27 entirety of the plaintiff's testimony shall be videotaped.

28 (4) The costs of the videotaping of the plaintiff's testimony are the

1 responsibility of the party noticing the videotaped testimony.

2 C. In any case in which DDC has been appointed, the deposition of any plaintiff  
3 may be noticed only by plaintiff's counsel or DDC, and may not be separately noticed  
4 by an individual defendant.

5 D. In any case in which the Court has declined to appoint DDC, or in which the  
6 Court has sustained a party's objection to the appointment of a DDC, either plaintiff's  
7 counsel or defense' counsel may notice the deposition of any plaintiff according to the  
8 CCP.

9 **8. Discovery Cut-Off**

10 A. In non-preference cases, all non-expert witness discovery shall be completed no  
11 later than thirty ("30") days prior to the trial date. Expert witness discovery shall be  
12 completed by 5:00 p.m. (PST) on the date of trial.

13 B. In cases where the Court has granted preference under CCP § 36, all discovery  
14 shall be completed prior to the assignment of the case out to trial, unless there has been a  
15 stipulation by the parties or by Court order.

16 **9. Expert Witnesses**

17 Expert witness disclosure and designation shall be per CCP absent stipulation by the  
18 parties or by Court order granted at the TSC or at a motion hearing.

19 A. Telephonic Depositions of Expert Witnesses Permitted:

20 Upon proper demand by a party (the deposing party) to depose a retained  
21 expert witness designated by another party (the defending party), the defending party may  
22 make the expert witness available for deposition by telephone upon the following  
23 conditions:

24 (1) Counsel for the defending party shall notify all counsel at the time of  
25 disclosure that the expert witness will be offered for deposition by telephone. Any  
26 party objecting to the taking of the deposition by telephone shall advise all counsel  
27 in writing by facsimile, electronic service or hand delivery of the basis of their  
28 objection no later than five ("5") court days after the date of disclosure or three



1 ("3") court days in cases where preference under CCP § 36 has been granted. The  
2 parties are encouraged to give telephonic notice of their objection to the defending  
3 party. The defending party shall meet and confer in good faith with the opposing  
4 party to resolve any and all issues pertaining to the offered telephone deposition.  
5 If after meeting and conferring, an objection to the telephonic deposition persists,  
6 the offering/defending party seeking the telephonic deposition may make a motion  
7 to permit proceeding with a telephonic deposition. Said motion may be made  
8 upon one ("1") court day notice and shall be heard by the judge in the Asbestos  
9 Department or other judge designated by the Asbestos Judge.

10 (2) The defending party will, at least two ("2") court days in advance of the  
11 deposition, also provide a full and complete copy of the expert's file (including but  
12 not limited to deposition(s) or medical records reviewed by the expert in  
13 preparation for his or her testimony which the expert has highlighted, tabbed or  
14 otherwise altered) and Curriculum Vitae to any party who so requests it.

15 (3) If there are additions to the expert's file within two ("2") court days  
16 prior to the deposition, the defending party will provide all additional materials to  
17 any party who previously requested materials as soon as practicable, but at least  
18 one ("1") hour prior to the scheduled deposition. The defending party will notify  
19 the deposing party in writing two ("2") court days in advance of the deposition in  
20 the event the expert to be deposed does not have a file and/or Curriculum Vitae.

21 (4) Counsel for the defending party shall be required to have a facsimile  
22 machine readily available or electronic mail access for use by the expert witness  
23 during the course of the deposition, and counsel for the deposing party shall be  
24 required to have a facsimile machine readily available or email access capable  
25 of transmitting attachments for use during the course of the deposition.

26 (5) The attorney for any party may elect to be personally present with the  
27 deponent during the deposition, but in such case the deposition shall be taken, at  
28 the option of the expert witness, at the office of the expert witness or at such

1 location as counsel for the electing party may designate within thirty-five ("35")  
2 miles of the office of the expert witness. Any attorney so electing shall give notice  
3 of such election to the defending party by facsimile, electronic service or hand  
4 delivery within five ("5") days, or three ("3") days in cases in which preference  
5 has been granted, after notice has been provided of the date, time and place at  
6 which the expert is being offered by the defending party. Any party may attend by  
7 telephone from any other location. If counsel for the defending party elects to be  
8 personally present, notice shall be provided to all parties at the time the expert is  
9 offered for deposition. The defending party shall make arrangements to allow  
10 attorneys for any other party to attend the deposition by telephone.

11 6. The cost of the telephone connection shall be paid by the defending party  
12 and may be a recoverable cost of suit. The deposing party shall tender the  
13 expert's fee to the expert witness and/or counsel for the defending party no later  
14 than the scheduled time for the commencement of the deposition if the deposing  
15 party is present with the expert. If the deposing party is not present with the  
16 expert, the deposing party shall tender the expert's fee to the defending party no  
17 later than the scheduled time for the commencement of the deposition.

18 7. Nothing herein precludes the parties from reaching different or additional  
19 agreements concerning retained expert witness depositions. This Order does not  
20 apply to non-retained expert witness or percipient witness depositions which shall  
21 be taken pursuant to the applicable provisions of the CCP or by stipulation of the  
22 parties. Nothing in this Order shall limit a party's right to seek a protective order  
23 or other relief including a motion to exclude expert testimony and/or to compel the  
24 personal appearance of an expert for deposition and/or for sanctions pursuant to  
25 the applicable provisions of the CCP.

26 B. Cancellation of Deposition

27 Plaintiff and defendants shall cooperate in good faith to minimize late or untimely  
28 cancellations of expert witness depositions. Except as otherwise agreed, the parties shall

1 provide a minimum of two ("2") court days' notification in the event of cancellation or  
2 change to a scheduled expert witness deposition. When a cancellation is not timely made,  
3 the canceling party shall pay the expert witness his/ her fee for one-half hour of deposition  
4 time at the expert witness' standard deposition rate. This provision is intended to protect  
5 the schedules of expert witnesses and to adequately compensate them in the event of  
6 untimely cancellation.

7 **10. Mandatory Settlement Conferences**

8 A Mandatory Settlement Conference ("MSC") may be scheduled with the Asbestos  
9 Settlement Coordinator, the Asbestos Judge, or any other Judge assigned by the Asbestos Judge.  
10 The MSC ordinarily will take place between fourteen ("14") and thirty ("30") days before  
11 the initial trial date. A settlement conference statement ("Settlement Statement"), as required  
12 below, must be in compliance with Rule 3.1380 of the California Rules of Court and Rule 5(G) of  
13 the San Francisco Superior Court Local Rules, unless otherwise excused. All Settlement  
14 Statements are confidential.

15 A. MSC with Asbestos Judge

16 (1) No later than ten ("10") days prior to the date set for the MSC, or as  
17 otherwise ordered by the Asbestos Judge, counsel for plaintiff shall provide to  
18 each remaining defendant a demand and identify all previously undisclosed,  
19 remaining defendants;

20 (2) Within five ("5") days prior to the date set for the MSC, or as otherwise  
21 ordered by the Asbestos Judge, the remaining parties shall each lodge with the  
22 Asbestos Judge a Settlement Statement that discloses the essential  
23 facts supporting claimed liability and defenses thereto. Said Settlement  
24 Statement should also state the following:

25 (a) from plaintiff:

26 (i) the total amounts of settlements obtained or negotiated in  
27 the case, including bankruptcy trust payments; and

28 (ii) all factors that bear upon plaintiff's likelihood to settle

1 (excluding trial related factors, e.g. judge assignment, type of jury,  
2 etc.).

3 (b) from defendant:

4 (i) the name, position/title, phone number(s) and email address  
5 of each person who must approve an offer and has final settlement  
6 authority; and

7 (ii) all factors that bear upon defendant's likelihood to settle  
8 (excluding trial related factors, e.g. judge assignment, type of jury,  
9 etc.).

10 (3) Plaintiff shall attend in person or, for good cause shown, be available by  
11 phone.

12 (3) Each defendant's principal, possessing final decision-making authority  
13 shall attend in person or, for good cause shown, be available by phone.

14 (5) Request for relief from attendance at the Settlement Conference shall be  
15 made through the Asbestos Settlement Coordinator or the Asbestos Judge's  
16 designee who shall notify the requesting party no later than two ("2") court days  
17 before the settlement conference whether the request has been granted by the  
18 Asbestos Judge.

19 B. MSC with Asbestos Settlement Coordinator or the Asbestos Judge's Designee

20 (1) Unless requested by the Asbestos Settlement Coordinator or the  
21 Asbestos Judge's Designee, a Settlement Statement is not required  
22 prior to the scheduled MSC.

23 (2) Parties participating in the MSC must have full and final settlement  
24 authority, a thorough understanding of the factual and legal basis of the cases, and  
25 knowledge of all factors that bears on the parties' likelihood to settle.

26 (3) Unless excused by the Asbestos Settlement Coordinator or the  
27 Asbestos Judge's Designee, two ("2") court days prior to the MSC, parties must  
28 provide the Asbestos Settlement Coordinator or the Asbestos Judge's

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Designee the name, position/title, phone number(s) and email address of each person who must approve an offer (or demand) and has final settlement authority.

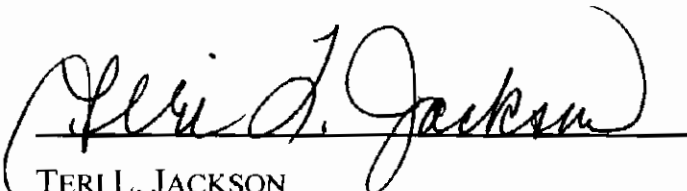
(4) An MSC shall be set for non-preference cases no later than two ("2") weeks prior to said case's trial date. Parties may request setting the MSC in advance of said time frame. For cases where preference is granted under CCP § 36, the MSC may be either set at the time of granting preference or at least one week prior to the trial date. If the parties agree that the date for a scheduled MSC is occurring before the case is ready for settlement, then upon notice to the Asbestos Settlement Coordinator or the Asbestos Judge's Designee, the appearance at the MSC shall be postponed to a later date.

(5) No later than two ("2") weeks prior to the trial date, plaintiff's counsel shall provide a list of remaining defendants and the current demands and/or settlement status to the Asbestos Settlement Coordinator or the Asbestos Judge's Designee.

(6) Plaintiff's counsel will also confidentially provide current total amounts of settlements obtained or negotiated in the case, including bankruptcy trust payments. If requested by the Asbestos Settlement Coordinator or the Asbestos Judge's Designee, plaintiff's counsel shall specify that of the total amounts of settlements obtained for each of the following categories: personal injury, action, the loss of consortium action, and the prospective wrongful death claims.

**IT IS SO ORDERED.**

Dated: 6-29, 2012

  
TERI L. JACKSON  
ASBESTOS JUDGE

# EXHIBIT A

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**ENDORSED  
FILED**  
*San Francisco County Superior Court*

OCT 16 2006

GORDON PARK-LI, Clerk  
BY: BARBARA HING  
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN FRANCISCO

IN RE COMPLEX ASBESTOS LITIGATION

CASE NO.: 828684

AMENDED  
GENERAL ORDER NO. 158

ORDER MANDATING  
ELECTRONIC FILING  
AND SERVICE OF  
ASBESTOS PLEADINGS

REVISED: EFFECTIVE 11/01/06

1. APPLICATION OF GENERAL ORDER.

The Court finds that entry of a General Order requiring mandatory electronic filing and service of all pleadings and documents subsequent to the filing and service of the complaint and summons in all In Re Complex Asbestos Litigation actions will benefit the Court, counsel and litigants, and will further the orderly conduct and management of asbestos litigation in this jurisdiction. The Court further finds that electronic filing and service will not cause undue hardship or significant prejudice to any party. Therefore, the Court hereby orders all filing and service subsequent to the filing and service of the complaint and summons to be accomplished electronically as set forth in this Order. Accordingly, pursuant to California Rules of Court, rule 2053, the Court hereby designates

1 all In Re Complex Asbestos Litigation cases (the "Asbestos Litigation") as E-File cases as  
2 described in and governed by this Order. Except as provided here, rules 2050 through  
3 2060 of the California Rules of Court govern the electronic filing and service of  
4 documents in the Asbestos Litigation. Electronic filing and service of Asbestos Litigation  
5 documents require utilization of an electronic filing services provider. Any such provider  
6 must be approved by the Court. The effective date for electronic filing and service shall  
7 be August 14, 2006.

8  
9 2. DEFINITIONS.

- 10 a. E-Filing Vendor or Vendor or Approved Vendor – A private firm or other business  
11 entity approved and selected by the Court to provide electronic filing and service.  
12 As of the effective date of this Order, the Court has approved LexisNexis.
- 13 b. Close of Business – "Close of Business" is 4:00 p.m. Pacific Time for purposes of  
14 E-Filing only; for all other purposes, it is 5:00 p.m. Pacific Time.
- 15 c. E-File – Electronic version of an original document transmitted to the Clerk of the  
16 San Francisco Superior Court ("Clerk") via the Vendor's system or electronically  
17 filed and/or served. An E-File consists of an E-Document, E-Image, or both.
- 18 d. E-Service – Electronic transmission of an original document to all other designated  
19 recipients via the Vendor's system. Upon the completion of any transmission to  
20 the Vendor's system, a transaction receipt is issued to the sender acknowledging  
21 receipt by the Vendor system. Once the Vendor has served all recipients, proof of  
22 electronic service shall be available to the sender from Vendor.
- 23 e. E-Document – An electronic version of a word processing document, which  
24 generally is composed of text.
- 25 f. E-Image – An electronic version of a document that has been scanned or converted  
26 to a graphical or image format.
- 27 g. User – Any party or non-party to an action who files Asbestos Litigation  
28 documents and utilizes the services of an approved Vendor.



1 3. OPERATION OF ELECTRONIC FILING AND SERVICE PROCEDURE.

2 a. OBTAINING ACCESS TO SYSTEM

3 i) All parties to the Asbestos Litigation pending in this Court, other than self-  
4 represented parties, shall utilize the services of an approved Vendor on and  
5 after the effective date of this Order. Users shall enter into the following  
6 arrangements with Vendor:

7 a. A standard service agreement during the registration process with the  
8 approved Vendor that will govern any and all transactions completed  
9 within and outside the scope of this Order, in addition to additional  
10 features that users may but are not required to use in connection with  
11 the electronic filing and/or serving of documents through the Vendor;  
12 and

13 b. an addendum agreement referenced herein shall apply solely and  
14 exclusively to the parties to the San Francisco Complex Asbestos  
15 Litigation actions and their legal representatives, and shall not be  
16 altered by Vendor without Court approval.

17 ii) The fees charged by the vendor for use of the electronic filing and service  
18 system shall be established by the Vendor. Vendor shall maintain the fee  
19 structure in effect for E-File, E-Service, and/or E-File and E-Service at the  
20 commencement of this Order for a period of two years from the date of this  
21 Order. No fees associated with E-File, E-Service, and/or E-File and E-  
22 Service may be increased thereafter by the Vendor without giving at least  
23 30 days prior notice to all Users.

24 iii) The Chief Executive Officer of the Superior Court may solicit bids from  
25 other potential vendors and submit to the Presiding Judge any  
26 recommendations for a change in the designation of the Vendor or the  
27 terms of the Service Agreement. The Chief Executive Officer shall provide  
28 current and potential vendors all information reasonably necessary to

1                   develop a bid to render the services necessary to implement this Amended  
2                   General Order.

3  
4   4.   ASSIGNMENT BY THE VENDOR OF USERNAME AND PASSWORD.

5                   The Vendor shall assign to the party's designated representative a confidential username  
6                   and password which may be used to file, serve, and receive pleadings, orders, and other  
7                   documents electronically filed in the assigned case. No attorney or party representative  
8                   shall knowingly authorize or permit his/her username or password to be utilized by anyone  
9                   other than the authorized attorneys or employees of the attorney's law firm.

10  
11   5.   ELECTRONIC FILING OF PLEADINGS AND OTHER DOCUMENTS.

12                  Except as expressly provided herein, all pleadings, motions, memoranda of law,  
13                  declarations, orders, or other documents filed in an Asbestos Litigation by Users shall be  
14                  electronically filed. All documents relating to a single pleading or paper shall be  
15                  electronically filed together in a single filing transaction. For example, a motion, a  
16                  memorandum in support of the motion, a proposed order and related affidavits shall be  
17                  filed as separate documents under a single transaction. All documents, papers or  
18                  pleadings directly related to a previously filed document, paper or pleading shall be linked  
19                  to the previously filed document, paper or pleading by utilizing the "Linked Documents"  
20                  feature provided by Vendor. The Clerk shall not accept or file any pleadings or instrument  
21                  in paper form.

22  
23                  Plaintiff shall file in paper form the complaint and summons. The proof of service shall  
24                  be filed electronically. Electronic service of a complaint does not constitute service of  
25                  process for any purpose and does not relieve the serving party from compliance with the  
26                  applicable provisions of the California Code of Civil Procedure.

1 Each defendant shall file its first pleading in each case with the Vendor in such manner as  
2 the Vendor shall establish to enter its appearance and file its first pleading electronically in  
3 the newly filed cases.  
4

5 Plaintiffs will provide a case-specific service list to Vendor, distinguishing actual parties  
6 from entities designated for courtesy service. Defendants are obligated to serve only  
7 those parties and entities required by the Code of Civil Procedure. This Order does not  
8 prohibit any party from transmitting documents to any entity not on the service list.  
9 Service list changes will remain the responsibility of the individual parties through their  
10 counsel, if any. Vendor will process the changes requested by parties, but Vendor will not  
11 initiate them. Parties may only be removed by the party initiating the action or by order  
12 of the Court.  
13

14 During trial, motions, memoranda, and matters presented to the Court in writing for  
15 decision may be served in open court in hard copy form. To be made part of the court  
16 record, the document and proof of service must be filed electronically no later than the  
17 close of business on the next court day following service by hand in open court, and the  
18 electronic proof of service shall reference the date originally served in open court.  
19

20 6. CONFIRMATION OF RECEIPT OF LODGED AND FILED DOCUMENTS.

21 Vendor is hereby appointed agent of the Clerk as to the electronic filing, receipt, service  
22 and/or retrieval of any document in the E-File system. Vendor shall promptly send Users  
23 confirmation of the receipt of any document that Users have transmitted to Vendor for  
24 filing or lodged with the Clerk. Such confirmation shall indicate the date and time of  
25 receipt stated in Pacific Time. The Clerk shall review the document and transmit to the  
26 Vendor confirmation that the document has been reviewed, accepted, or rejected by the  
27 Clerk. Clerk shall electronically endorse any document accepted for filing in accordance  
28

1 with California Rules of Court, rule 2059(e), or shall promptly transmit the Clerk's notice  
2 of rejection or amendment to the User through Vendor.

3  
4 7. EFFECT OF USE OF E-FILE AND TIME FOR FILING.

5 No document transmitted electronically shall be considered as filed unless it is accepted  
6 for filing by the Clerk. Any document received by Vendor before close of business on a  
7 court day shall be considered as filed on the date of transmission if the document is  
8 accepted for filing. Any document received by Vendor after the close of business shall be  
9 deemed filed the next court day if the document is accepted for filing.

10  
11 8. PAYMENT OF STATUTORY FILING FEES.

12 Vendor is hereby appointed as the agent of the Clerk with respect to collecting statutory  
13 filing fees for any electronically filed document. Each User shall pay all required filing  
14 fees for electronically filed documents to Vendor. Vendor will invoice each User monthly  
15 for the total amount of such filing fees. Vendor shall remit filing fees to the Clerk. At  
16 such time, said fees shall be the sole property of the Clerk of the Superior Court of  
17 California, County of San Francisco. Any and all requests for refunds of filing fees shall  
18 be addressed to the Clerk and may be submitted electronically in the manner prescribed by  
19 the Clerk.

20  
21 9. FORMAT OF ELECTRONICALLY FILED DOCUMENTS.

22 All electronically filed documents, to the extent practicable, shall be formatted in  
23 accordance with the applicable rules governing formatting of paper pleadings, and in such  
24 other or further format as the Court may require. The date and time of the hearing or trial  
25 in connection with which the document is submitted shall be designated on the cover page  
26 of each document. The caption and signature page of any document filed and/or served  
27 shall contain the name of the attorney and, if applicable, the name of the law firm  
28 representing the party and the name of the party on whose behalf the document is filed.

1 10. SIGNATURES ON E-FILED DOCUMENTS.

2 Every pleading, document, and instrument E-Filed and/or E-Served shall be deemed to  
3 have been signed by any judge, licensed attorney, court official, or person authorized to  
4 execute proofs of service if it bears a typographical signature of such person, e.g., “/s/  
5 Adam Attorney,” along with the typed name, address, telephone number, and State Bar of  
6 California number of a signing attorney. Such typographical signatures shall be treated as  
7 personal signatures for all purposes under the California Code of Civil Procedure. Judges  
8 may, in the alternative, use graphic signatures.

9  
10 All other filed and/or served documents requiring a signature under penalty of perjury  
11 must be imaged to reflect the handwritten signature of the declarant to accomplish valid  
12 filing and service. Upon request, the filing party shall provide in advance of any hearing  
13 on the matter the original of such typographically signed or imaged documents.

14  
15 11. ELECTRONIC TITLE OF PLEADINGS AND OTHER DOCUMENTS FOR  
16 ADMINISTRATIVE AND REFERENCE PURPOSES.

17 The document title entered on the Vendor system shall be the same as the caption on the  
18 pleadings. This title is used to allow users to quickly search the Vendor system and locate  
19 specific pleadings. The title shall be used for administrative and reference purposes only.

20  
21 12. ELECTRONIC SERVICE OF PLEADINGS, OTHER DOCUMENTS, AND PROOFS OF  
22 SERVICE.

23 Users *shall* e-serve all e-filed documents on all parties. Users *may* e-serve other  
24 documents not e-filed upon other Users. Users shall receive all e-filed and e-served  
25 documents via access to the Vendor's system. Nothing is intended by this Order to modify  
26 the obligations of service as set forth in the California Code of Civil Procedure and/or the  
27 applicable San Francisco General Orders.

1 Proof of electronic service shall conform to the California Rules of Court, rule 2060(c).  
2 The Vendor's transaction receipt may operate as the proof of service so long as it complies  
3 with California Rules of Court, rule 2060(c), and California Code of Civil Procedure  
4 section 1013(a). A proof of service page may be attached to the last page of any E-Filed  
5 and E-Served document. Neither a separate caption page nor a separate filing of the proof  
6 of service is required so long as the proof of service page contains a caption referencing  
7 the case name and action number, is attached as the last page of the E-Filed and E-Served  
8 document to which it refers, and references the Vendor's transaction receipt. (Also see  
9 paragraph 18, *infra*.)

10  
11 13. EFFECT OF ELECTRONIC SERVICE.

12 The electronic service of a pleading or other document shall be considered as valid and  
13 effective service on all Users. Those documents which are mandatorily E-Served are  
14 deemed served by the Close of Business on days when the court is open for business shall  
15 be deemed to have been served on that day. Otherwise, they will be deemed served the  
16 next court day. The filing and service provisions of California Code of Civil Procedure  
17 section 1010.6 and California Rules of Court, rule 2060, shall apply.

18  
19 14. NEW PARTIES.

20 Any party that brings a new party into the Asbestos Litigation shall serve a copy of this  
21 Order at the time of initial service on the new party.

22  
23 15. CONVENTIONAL FILING OF DOCUMENTS.

24 Notwithstanding the foregoing, the following types of documents may or shall be filed  
25 conventionally, unless otherwise required by the Court:

- 26 a. Documents Issued by Clerk. Issuance of summons and writs shall be handled  
27 conventionally in paper form.  
28

1 b. Documents Filed Under Seal. A motion to file documents under seal shall be filed  
2 electronically. Pursuant to Order of the Court, sealed documents shall be filed in  
3 paper form.

4 c. Nonelectronic Exhibits or Other Items. Exhibits to declarations or other  
5 documents that are nontext articles, real objects, or other documents not readily  
6 susceptible to electronic filing may be filed in nonelectronic form. A notice of  
7 such filing shall be filed and served electronically. These items shall be lodged in  
8 accordance with the direction of the Clerk.

9 d. Motions with Jurisdictional Time Limits. The following may be filed and served  
10 conventionally in paper form: Motions with jurisdictional time limits, including  
11 but not limited to motions for new trial, motions JNOV, motions to quash service  
12 for personal jurisdiction, any notice of appeal, and petitions for writs. The Court's  
13 service copy of any petition to the Court of Appeal for extraordinary relief shall be  
14 served electronically.

15  
16 16. ELECTRONIC FILING AND SERVICE OF ORDERS AND OTHER PAPERS BY  
17 COURT.

18 The Court may issue, file, and serve notices, orders, and other documents electronically  
19 subject to the provisions of this Amended General Order.

20  
21 17. SIGNED ORIGINAL DOCUMENTS.

22 The original of any document that is filed electronically shall not be delivered in hard copy  
23 to the Clerk unless otherwise ordered by the Court. Users shall retain in their files an  
24 original dated hard copy with hand written signature of all electronically filed documents  
25 and all electronically served documents. The hard copies shall be made available for  
26 inspection upon reasonable notice.

1 18. COURTESY COPIES TO COURT.

2 Users shall submit one courtesy hard copy of all filed documents requiring Court review,  
3 action, or signature directly to the Judge's department. Courtesy hard copies shall be  
4 delivered to the Court by 1:30 p.m. Pacific Time of the next day following electronic  
5 filing except all papers related to ex parte matters shall be delivered to the Judge's  
6 department the day they are to be heard, along with a courtesy hard copy for opposing  
7 party. Courtesy hard copies of documents for Court review, action, or signature during  
8 trial shall be submitted only to the trial judge assigned. All courtesy copies to the Court  
9 shall have appended thereto the relevant Vendor's transaction receipt.

10

11 19. USER TECHNICAL PROBLEMS.

12 In the event that a User is temporarily unable to electronically file due to technical  
13 problems, the User should follow procedures set forth by the Court. The Court shall  
14 establish policies and procedures for Users to follow when requesting an extension of time  
15 due to technical problems. The Clerk, pursuant to established policies and procedures in  
16 effect at that time, may determine whether a User has complied with established policy  
17 and procedure entitling User to an extension of time.

18

19 The User may alternatively file by faxing documents and attachments to the Vendor.  
20 Vendor shall then convert those documents to electronic form, file them with the Clerk,  
21 and serve designated parties as provided. Users filing via facsimile through the Vendor  
22 shall be charged fees reflecting Vendor's then current published rates for filing and service  
23 in this manner.

24

25 20. USER ERROR OR VENDOR TECHNICAL PROBLEMS.

26 If electronic filing or service does not occur because of (1) an error in the transmission of  
27 the document to Vendor or served party which was unknown to the sending party, (2) a  
28 failure to process the electronic document when received by Vendor, (3) a party



1 erroneously excluded from the service list, or (4) other technical problems experienced by  
2 the Vendor, the party or parties affected shall, absent extraordinary circumstances, be  
3 entitled to an extension for any response or the period within which any right, duty, or  
4 other act must be performed, provided the User demonstrates that he or she attempted to  
5 file or complete service on a particular day and time.

6  
7 The Court shall establish policies and procedures for the way in which a User may  
8 demonstrate he or she attempted to file or complete service on a particular day and time.  
9 The Clerk, pursuant to established policies and procedures in effect at that time, may  
10 determine whether a User has complied with established policy and procedure entitling  
11 User to an extension of time.

12  
13 21. NON-PARTIES TO AN ACTION REPRESENTED BY COUNSEL.

14 a. Non-parties represented by counsel shall file and serve documents electronically.  
15 Electronic service will be consistent with paragraph 12 of this Order.

16  
17 b. All subpoenas, notices, or other demands served by a User party upon a non-party  
18 shall be accompanied by a copy of this Order Re Electronic Filing and Service of  
19 Pleadings except for subpoenas issued pursuant to General Orders 129 and 140 by  
20 Designated Defense Counsel. All subpoenas issued by Designated Defense  
21 Counsel shall contain the following language: Motions relating to this subpoena  
22 are filed and served electronically pursuant to Amended General Order 158. For a  
23 copy of Amended General Order 158, please contact LexisNexis at  
24 [www.lexisnexis.com/fileandserve](http://www.lexisnexis.com/fileandserve) or Berry & Berry at 510-250-0200 or at its  
25 website [www.BerryandBerry.com](http://www.BerryandBerry.com). Important legal rights could be prejudiced  
26 should you fail to follow the provisions contained within Amended General Order  
27 158.

1 22. PARTIES AND NON-PARTIES NOT REPRESENTED BY COUNSEL.

2 Parties and non-parties not represented by counsel must file and serve documents  
3 conventionally in accordance with the Code of Civil Procedure and local rules.  
4

5  
6 Dated: October 16, 2006

7  
8 Ernest A. Holdsmith

9 Judge of the Superior Court of California,  
10 County of San Francisco

11  
12 Tomar Mason

13 Judge of the Superior Court of California,  
14 County of San Francisco

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**SUPERIOR COURT OF CALIFORNIA  
County of San Francisco**

**IN RE  
COMPLEX ASBESTOS LITIGATION**

Case Number: 828684

**CERTIFICATE OF MAILING  
(CCP 1013a (4))**

I, Barbara Hing, a Deputy Clerk of the Superior Court of the County of San Francisco, certify that I am not a party to the within action.

On October 16, 2006, I served the attached **AMENDED GENERAL ORDER NO. 158 ORDER MANDATING ELECTRONIC FILING AND SERVICE OF ASBESTOS PLEADINGS Revised: Effective 11/1/06** by placing a copy thereof in a sealed envelope, addressed as follows:

**EVANTHIA SPANOS, ESQ.  
LAURA E. PRZETAK, ESQ.  
Berry & Berry  
2930 Lakeshore Avenue  
Oakland, CA 94610**

**(Designated Defense Counsel)**

and, I then placed the sealed envelopes in the outgoing mail at 400 McAllister Street, San Francisco, CA. 94102 on the date indicated above for collection, attachment of required prepaid postage, and mailing on that date following standard court practices.

Dated: October 16, 2006

GORDON PARK-LI, Clerk

By:   
Barbara Hing, Deputy Clerk

**Superior Court of California  
County of San Francisco**

IN RE COMPLEX ASBESTOS LITIGATION

Case Number: 828684

**CERTIFICATE OF ELECTRONIC SERVICE  
(CCP 1013(a) & CRC 2060(c))**

I, ERNALYN BURA, a Deputy Clerk of the Superior Court of the County of San Francisco, certify that I am not a party to the within action.

On OCTOBER 16, 2006, I electronically served AMENDED GENRAL ORDER NO. 158 ORDER MANDATING ELECTRONIC FILING AND SERVICE OF ASBESTOS PLEADINGS REVISED: EFFECTIVE 11/1/06 via LexisNexis File & Serve on the recipients designated on the Transaction Receipt located on the LexisNexis File & Serve website.

Dated: OCTOBER 16, 2006

GORDON PARK-LI, Clerk

By: \_\_\_\_\_



ERNALYN BURA, Deputy Clerk

Your transaction has been successfully submitted to LexisNexis File & Serve. Your transaction information appears below. To print this information for your records, click anywhere on the transaction information, then click the browser Print button.

To perform another transaction, click **Begin a New Transaction**.  
To exit File & Serve, click **Return to My File & Serve**.

**TIP:** Receive notifications of new Filing & Service activity that match your search criteria. Click on the Alerts tab.

### LexisNexis File & Serve Transaction Receipt

**Transaction ID:** 12646121  
**Submitted by:** Ernalyne Bura, CA Superior Court County of San Francisco  
**Authorized by:** Asbestos Clerk, CA Superior Court County of San Francisco  
**Authorize and file on:** Oct 16 2006 4:54PM PDT

**Court:** CA Superior Court County of San Francisco  
**Division/Courtroom:** N/A  
**Case Class:** Civil  
**Case Type:** Personal Injury-Asbestos  
**Case Number:** 828684  
**Case Name:** Master Asbestos

**Transaction Option:** Serve Only - Public  
**Billing Reference:**

#### Documents List

|   |                          |                                   |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <b>Attached Document, 14 Pages Document ID: 7237837</b>   |                          | <a href="#">View Original</a>     | <a href="#">View PDF</a> |
| <b>Document Type:</b><br>Order  | <b>Access:</b><br>Public | <b>Transaction Fee:</b><br>\$0.00 | <b>Linked:</b>           |
| <b>Document title:</b><br>AMENDED GENERAL ORDER NO. 158, ORDER MANDATING ELECTRONIC FILING AND SERVICE OF ASBESTOS PLEADINGS REVISED: EFFECTIVE NOV. 01, 2006 |                          |                                   |                          |

[Expand All](#)

**Sending Parties (1)**

| Party | Party Type | Attorney        | Firm                                      | Attorney Type |
|-------|------------|-----------------|---|---------------|
| N/A   | N/A        | Abdee, Asbestos | CA Superior Court County of San Francisco | N/A           |

**Recipients (2)**

**Service List (2)**

| Service | Party                      | Party Type       | Attorney           | Attorney Type | Attorney           | Attorney Type |
|---------|----------------------------|------------------|--------------------|---------------|--------------------|---------------|
| Service | Designated Defense Counsel | Interested Party | Spanos, Evanthia M | Berry & Berry | Attorney in Charge | E-Service     |

**Additional Recipients (0)**

**Case Parties**

# EXHIBIT B

## PRELIMINARY FACT SHEET

1. State the complete name and address of each person whose claimed exposure to asbestos is the basis of this lawsuit ("exposed person"):

2. Does plaintiff anticipate filing a motion for a preferential trial date within the next four months?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Date of birth of each exposed person in item one and, if applicable, date of death:

\_\_\_\_\_  
\_\_\_\_\_

Social Security Number of each exposed person:

\_\_\_\_\_  
\_\_\_\_\_

4. Specify the nature or type of asbestos-related disease alleged by each exposed person.

\_\_\_\_\_ Asbestosis \_\_\_\_\_ Mesothelioma \_\_\_\_\_ Lung Cancer  
\_\_\_\_\_ Other Cancer (specify) \_\_\_\_\_  
\_\_\_\_\_ Pleural Thickening/Plaques \_\_\_\_\_ Other (specify) \_\_\_\_\_

5. For purposes of identifying the nature of exposure allegations involved in this action, please check one or more:

\_\_\_\_\_ Shipyard \_\_\_\_\_ Construction \_\_\_\_\_ Friction/Automotive  
\_\_\_\_\_ Premises \_\_\_\_\_ Aerospace \_\_\_\_\_ Military  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

6. If applicable, indicate which exposure allegations apply to which exposed person.

\_\_\_\_\_

7. Identify each location alleged to be a source of an asbestos exposure, and to the extent known, provide the beginning and ending year(s) of each such exposure. Also specify each exposed person's employer and job title or job description during each period of exposure. (For example: "San Francisco Naval Shipyard, Pipefitter, 1939-1948"). Examples of locations of exposure might be a specific shipyard, a specific railroad maintenance yard, or perhaps more generalized descriptions such as "merchant marine" or "construction". If an exposed person

claims exposure during only a portion of a year, the answer should indicate that year as the beginning and ending year (e.g., 1947-1947).

| <u>Location of Exposure</u> | <u>Employer</u> | <u>Job Title at Time of Exposure</u> | <u>Year(s) of Exposure Beginning</u> | <u>Ending</u> |
|-----------------------------|-----------------|--------------------------------------|--------------------------------------|---------------|
| _____                       | _____           | _____                                | _____                                | _____         |
| _____                       | _____           | _____                                | _____                                | _____         |
| _____                       | _____           | _____                                | _____                                | _____         |
| _____                       | _____           | _____                                | _____                                | _____         |
| _____                       | _____           | _____                                | _____                                | _____         |
| _____                       | _____           | _____                                | _____                                | _____         |

(Attach Additional Pages, If Necessary)

8. For each exposed person who:

- a. worked in the United States or for a U.S. agency outside the territorial United States, attach to the copy of this fact sheet provided to Designated Defense Counsel a fully executed Social Security Earnings authorization (Exhibit I);
- b. may have had a Social Security disability award or is no longer employed and whose last employment was not with a United States government agency, attach to the copy of this fact sheet provided to Designated Defense Counsel a fully executed Social Security Disability authorization (Exhibit I);
- c. served at any time in the United States military, attach to the copy of this fact sheet provided to Designated Defense Counsel two fully executed originals of the stipulation (Exhibit I);
- d. was employed by the United States government in a civilian capacity, attach to the copy of this fact sheet provided to Designated Defense Counsel two fully executed originals of the stipulation (Exhibit I).

9. If there is a wrongful death claim, attach to the copy of this fact sheet provided to Designated Defense Counsel a copy of the death certificate, if available. If an autopsy report was done, also attach a copy of it to the copy of this fact sheet provided to Designated Defense Counsel.

By: \_\_\_\_\_  
 Attorney for Plaintiff



# EXHIBIT C

**DEFENDANTS' STANDARD INTERROGATORIES TO PLAINTIFF (PERSONAL INJURY) [SET ONE]**

PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

**INTRODUCTION**

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following standard interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* section 2030.010 *et seq.* In responding to these standard interrogatories, YOU are required to furnish all information that is available to YOU or YOUR attorney(s). If YOU cannot answer a standard interrogatory completely, answer it to the fullest extent possible and specify the reason(s) for YOUR inability to respond fully.

**DEFINITIONS**

1. "AREA" means the name of the specific structure, building, building number, floor of the building, ship compartment, process line, unit, piece of equipment, or other specific place within the WORKSITE.
2. "ASBESTOS-CONTAINING MATERIAL" means a material or product which consists of, or contains the mineral asbestos.
3. "CONTROL" means the act(s) of directing the manner and/or methods of conducting the work at a WORKSITE.
4. "DESCRIBE" as it relates to material means provide a complete description of the material including but not limited to: the material name, manufacturer, supplier, distributor, color, texture, consistency, shape, size and any markings; a description of the material's container including size, color and all writing on that container; and a description of how the material was used.

5. "DOCUMENTS" means any writing, as defined in *Evidence Code* section 250 and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, computer printout, and every other means of recording upon any tangible thing or form of communication or representation including letters, words, pictures, sounds or symbols or combinations of them.

6. "IDENTIFY" as it relates to a DOCUMENT means provide the title of the DOCUMENT, the date the DOCUMENT was generated, the name of the author of the DOCUMENT, a description of the DOCUMENT (*e.g.*, letter, memorandum, report, book, photograph, etc.) and any other information which would be required to specify the DOCUMENT in a request for production of DOCUMENTS issued pursuant to *Code of Civil Procedure* section 2031.

7. "IDENTIFY" as it relates to an employer means to state the employer's name, address and telephone number.

8. "IDENTIFY" as it relates to a person means to provide the name, place of employment, job title, address and telephone number for each person.

9. "IDENTIFY" as it relates to a ship means to state the name of the ship, the owner of the ship, the operator of the ship, the type of ship, and the hull number of the ship.

10. "LOCATION" means the city, state, country, street address, intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was located during the time YOU worked on board.

11. "OCCASION" refers to a day, any part of a day, or a series of day(s), week(s), month(s) or year(s) during which YOU worked continuously at a WORKSITE.

12. "RAW ASBESTOS" means asbestos fiber mined or milled, either packaged or in bulk, not compounded with other substances and essentially pure with the exception of naturally occurring trace amounts of other substances.

13. "RESPONSIBLE PARTY" means any person, business organization, or enterprise, including but not limited to the defendants in this action.

14. "SAFETY PRECAUTION" means respirators, masks, fans, air blowers, tarps, wet-down procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to dust.

15. "WORKSITE" means any LOCATION where YOU worked at any time.

16. "YOU" and "YOUR" refer to the person who is named above as the responding party. If more than one responding party is named, "YOU" and "YOUR" refer to each responding party separately, not jointly.

### **INTERROGATORIES**

#### **INTERROGATORY NO. 1:**

Please state YOUR:

- a. Full name including first, middle and last names;
- b. Date of birth;
- c. Age;
- d. Place of birth;
- e. Address;
- f. Height and weight;
- g. Social Security number;
- h. Kaiser number;
- i. Government Serial number;
- j. Military Serial number;
- k. Driver's license number and state;
- l. All of the names by which YOU have been known;
- m. Highest grade level of school completed;
- n. Current spouse's name;
- o. Spouse's date of birth;
- p. Date of current marriage;

- q. Spouse's current address;
- r. Spouse's occupation/employer;
- s. Name(s) of any former spouse(s);
- t. Date(s) of any former marriage(s); and
- u. Place, date and circumstances under which any marriage(s) was (were) dissolved or terminated.

**INTERROGATORY NO. 2:**

For each child (either natural or adopted) of any marriage, state:

- a. Name;
- b. Date of birth;
- c. Whether natural or adopted;
- d. Address;
- e. Occupation; and
- f. Whether the child is living or dead.

**INTERROGATORY NO. 3:**

Are either of YOUR natural parents alive? If YOUR answer is "yes", please state for each parent:

- a. Name of parent;
- b. Current age;
- c. Any history of cancer or respiratory disease; and
- d. Occupation.

**INTERROGATORY NO. 4:**

For each of YOUR blood relatives (for example: parent, grandparent, sibling, child, aunt, uncle) whom YOU believe died of either a malignancy (cancer) or pulmonary (lung) disease other than pneumonia, please state, separately for each person:

- a. Full name;
- b. Blood relation to YOU (for example: parent, grandparent, sibling, aunt, uncle);
- c. Age at death;
- d. Date of death;
- e. City, county and state where the person died; and
- f. The cause of death, as specifically described as possible;
- g. Either (1) attach all DOCUMENTS evidencing the information sought in this

interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 5:**

State as completely as possible the address of each of YOUR residences during YOUR lifetime and the inclusive dates of each period of such residence.

**INTERROGATORY NO. 6:**

State YOUR educational background and identify all institutions attended, including any apprenticeship courses, or formal on-the-job training and identify all institutions attended, the date graduated from each institution, and YOUR major course of study and any special scholastic honors or degrees received.

**INTERROGATORY NO. 7:**

State the earliest date that service of the summons and complaint was effected on any defendant in this case.

**INTERROGATORY NO. 8:**

Have YOU ever been convicted of a felony? If “yes”, please state fully and in detail the date, place and nature of each such felony conviction. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 9:**

Have YOU ever been a member of the Armed Forces? If “yes”, please state: each branch of service in which YOU served; the inclusive dates of YOUR service; the date of YOUR discharge from active duty; YOUR service number; each place (*e.g.*, fort, base, station, etc.) at which YOU served; and YOUR duties at each place. If YOU have not ever been a member of the Armed Forces due to health reasons, please state the health reasons.

**INTERROGATORY NO. 10:**

For every doctor who has ever treated or examined YOU during the last 10 years for any condition, and beyond 10 years for cancer and/or conditions related to the lungs, respiratory system, and/or ribs and any additional complaints or conditions stated in response to Interrogatory No. 16, please state for each treatment or examination:

- a. Doctor’s name;
- b. Doctor’s address;
- c. Treatment or examination received;

- d. Date(s) of treatment or examination;
- e. Reason for treatment or examination;
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 11:**

For every hospital in which YOU have ever been treated, tested, or examined whether as an “inpatient” or as an “outpatient” during the last 10 years for any condition and beyond 10 years for cancer and/or conditions related to the lungs, respiratory system, and/or ribs and any additional complaints or conditions stated in response to Interrogatory No. 16, please state for each hospital visit:

- a. Name of hospital;
- b. Address of hospital;
- c. Test, treatment, examination or hospitalization received;
- d. Date of test, treatment, examination or hospitalization received; and
- e. Reason for hospital visit;
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 12:**

Have YOU had taken an X-ray, CT scan or high-resolution CT scan of YOUR “trunk”?  
If “yes”, please state for each:

- a. Name and address where taken;



- b. Date(s) and number taken of each;
- c. Part(s) of body x-rayed or scanned;
- d. Results, conclusions and/or diagnosis from each, except those prepared by consultants;
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 13:**

Have YOU ever undergone a pulmonary function test? If "yes", please state:

- a. Name and address where test was performed;
- b. Date of test;
- c. Name of doctor administering and/or interpreting test;
- d. Reason for test;
- e. Results, conclusions and/or diagnosis from each test, except those prepared by consultants;
- f. Were YOU informed of the results of the test?
- g. Who informed YOU of the results of the test?
- h. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY No. 14:**

Describe the name and quantity of each type of drug, tranquilizer, sedative or other medication taken or used by YOU during the last 10 years, specifying the frequency and purpose of use.

**INTERROGATORY No. 15:**

Do YOU or YOUR attorney have any medical reports except those prepared by consultants from any persons, hospitals, doctors or medical practitioners or institutions that have ever treated or examined YOU at any time? If "yes", either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to YOUR answers to these interrogatories or (2) attach disks containing such data or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY No. 16:**

Identify each and every complaint, symptom, adverse reaction or other injury which YOU allege is directly or indirectly related to YOUR alleged exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL and for each complaint, symptom, adverse reaction or other injury, please state:

- a. The date on which YOU first became aware of signs of the complaint, symptom, adverse reaction or injury;
- b. The date each such complaint, symptom, adverse reaction or injury ceased to affect YOU;
- c. Any physical change in YOUR appearance occasioned by such complaint, symptom, adverse reaction or injury;
- d. Each part of YOUR body which YOU contend has been affected;

- e. The date upon which the complaint, symptom, adverse reaction or injury was reported to a doctor or physician;
- f. State the name, address and telephone number of each such physician to whom said complaint, symptom, adverse reaction or injury was reported;
- g. Whether YOU have lost any time from work as a result of YOUR asbestos-related injury or medical condition;
- h. If such injury has resulted in lost time from work, please state the date on which YOU first lost work and the amount of time lost from work; and
- i. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 17:**

Have YOU been advised that YOU are suffering from an asbestos-related disease? If “yes”, state:

- a. The nature of the asbestos-related disease(s);
- b. The date and time YOU were first advised;
- c. The name, address, and telephone number of the physician and/or other persons who so informed YOU;
- d. The name, address and telephone number of the physician who made the evaluation;
- e. The method and information upon which such determination was based;
- f. The name, address, and telephone number of any hospital, medical institution, laboratory, physician, nurse, laboratory technician, etc., involved in any part of such determination;

g. The name, address, and telephone number of every person, including YOUR relatives, employer or anyone acting in YOUR behalf who was so advised. Please include the date when such persons were so advised;

h. IDENTIFY YOUR employer(s) at the time YOU were so advised;

i. The specific course(s) of treatment or therapy, including any medicine prescribed as a result of such determination and the name, address and telephone number of each prescribing physician;

j. State whether YOU have followed the medication or therapy regime prescribed by each of the said physicians for the treatment of said complaint, symptom, adverse reaction or injury;

k. State the names and addresses of any other physicians or practitioners subsequently affirming or making the same determination; and

l. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 18:**

Have any of the said treating physicians informed YOU at any time that YOUR complaints, symptoms, adverse reactions or injuries may have been caused by factor(s) or reason(s) other than exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)? If “yes”, please state:

a. The other factor(s) or reason(s) involved;

b. The names, addresses and telephone numbers of the physicians believing or suspecting such other factor(s) or reason(s) to be involved;

c. The date(s) that said physicians told YOU that they believed or suspected that other factor(s) or reason(s) might be involved;

d. The reason that said factor(s) or reason(s) were excluded as possible sources or causes of the symptoms; and

e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 19:**

Please list all respiratory complaints and/or symptoms which YOU have suffered during the past 10 years and list the inclusive dates for each such complaint.

**INTERROGATORY NO. 20:**

Have YOU ever had any biopsies or tissue samples taken during the past 10 years? If YOUR answer is “yes”, state for each such procedure:

- a. The name of the doctor performing such procedure;
- b. The address where such procedure was performed;
- c. The date when such procedure was performed;
- d. The results, conclusions and/or diagnosis from such procedure; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 21:**

Do YOU know of any pathology slides that were made from any of YOUR tissue samples during the past 10 years? If YOUR answer is “yes”, for each set of slides made please state:

- a. The name of the hospital;
- b. The name of the doctor;
- c. The current location;
- d. The date said slides were made; and
- e. The accession number(s).

**INTERROGATORY NO. 22:**

Have YOU ever suffered any personal injuries other than those involved in this lawsuit?

If “yes”, state for each such injury:

- a. The date, place, names of persons involved, and circumstances surrounding such injury;
- b. The nature and extent of the injuries including any ill effects or disabilities remaining at the time of the last treatment or examination;
- c. The names, addresses and date(s) of last treatment or examination by all persons who treated or examined YOU in connection with such injury;
- d. The nature and source of any disability benefits, pensions or other payments for such injuries; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 23:**

Have YOU ever smoked tobacco products of any type? If “yes”, state:

- a. The dates and time periods during which YOU have smoked;
- b. The type of tobacco products YOU smoke or have smoked. Please state whether YOU inhaled the smoke or not;

- c. The daily frequency with which YOU smoke or have smoked;
- d. If YOU have ever smoked cigarettes, please state the average number of packs per day YOU smoked;
- e. Please state the commercial brand name(s) of any tobacco products that YOU have used; and
- f. Has any physician ever advised YOU to stop or curtail smoking tobacco products? If “yes”, state:
  - 1. The name of each such physician; and
  - 2. The date(s) on which YOU were so advised.

**INTERROGATORY NO. 24:**

Has any person with whom YOU have shared a household for more than one year been a regular user of cigarettes during the time you shared a household with the person? If “yes”, state fully and in detail for each such person:

- a. The name and relationship to YOU of the smoker;
- b. The dates during which YOU shared a household with the person;
- c. The brand name(s) of cigarettes the person used during the time YOU shared a household with the person and his/her frequency of use; and
- d. The frequency with which the person smoked cigarettes in YOUR presence during the time YOU shared a household with the person.

**INTERROGATORY NO. 25:**

Describe the extent to which YOU drank alcoholic beverages during YOUR lifetime, specifying the particular kind of alcoholic beverages and the quantity consumed per week over the period of time such beverages were consumed.

**INTERROGATORY NO. 26:**

For every type of employment that you have ever had, whether self-employed or employed by others, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

| <i>Employer's Name and Address</i> | <i>Job Title</i> | <i>Date Started - Date Ended (Month, Day, Year)</i> |  |
|------------------------------------|------------------|---|--|
|                                    |                  |   |  |
|                                    |                  |   |  |
|                                    |                  |   |  |

***Description of Job Duties:***

\_\_\_\_\_  
\_\_\_\_\_

***Job Sites:***

\_\_\_\_\_  
\_\_\_\_\_

***Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:***

\_\_\_\_\_  
\_\_\_\_\_

***Do you claim exposure to asbestos at this employment? Yes \_\_\_ No \_\_\_***

| <i>Employer's Name and Address</i> | <i>Job Title</i> | <i>Date Started - Date Ended (Month, Day, Year)</i> |  |
|------------------------------------|------------------|---|--|
|                                    |                  |   |  |



| <i>Employer's Name<br/>and Address</i> | <i>Job Title</i> | <i>Date Started - Date Ended<br/>(Month, Day, Year)</i> |  |
|--|------------------|---|--|
|  |                  |   |  |
|  |                  |   |  |

**Description of Job Duties:**

\_\_\_\_\_  
\_\_\_\_\_

**Job Sites:**

\_\_\_\_\_  
\_\_\_\_\_

**Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you claim exposure to asbestos at this employment? Yes \_\_\_ No \_\_\_**

| <i>Employer's Name<br/>and Address</i> | <i>Job Title</i> | <i>Date Started - Date Ended<br/>(Month, Day, Year)</i> |  |
|--|------------------|---|--|
|  |                  |   |  |
|  |                  |   |  |
|  |                  |   |  |

***Description of Job Duties:***

\_\_\_\_\_  
\_\_\_\_\_

***Job Sites:***

\_\_\_\_\_  
\_\_\_\_\_

***Your Estimate of Total Time (Days, Weeks, etc.) You Worked at That Site:***

\_\_\_\_\_  
\_\_\_\_\_

***Do you claim exposure to asbestos at this employment? Yes \_\_\_ No \_\_\_***

**INTERROGATORY NO. 27:**

Are YOU or have YOU been a member of any labor union, including but not limited to the Heat, Frost, Insulation and Asbestos Workers Union? If YOUR answer is “yes”, state for each such union membership:

- a. The name of each such international union and its number, along with the local number of each such union; and
- b. The date and time periods during which YOU maintained membership in such union.

**INTERROGATORY NO. 28:**

When did YOU first learn that exposure to asbestos was a potential health hazard?

**INTERROGATORY NO. 29:**

Describe how YOU first became aware that exposure to asbestos was a potential health hazard.

**INTERROGATORY NO. 30:**

When did YOU first observe anyone use any type of SAFETY PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)?

**INTERROGATORY NO. 31:**

When, where and at whose direction did YOU first use any type of SAFETY PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S)?

**INTERROGATORY NO. 32:**

State whether any of YOUR employers have either required or made available physical examinations for their employees. If such physical examinations have either been required or made available to YOU, state for each of YOUR employers:

- a. IDENTIFY YOUR employer;
- b. The nature and extent of examinations;
- c. The frequency of examinations;
- d. Whether they were required or optional;
- e. Whether x-ray examination was included;
- f. The frequency, including specific dates and times, with which YOU submitted to such examinations;
- g. Whether YOU received the results of any such examinations; the dates that they were given to YOU and the nature of the results;

- h. The name, address and telephone number of the examining physician, nurse or technician;
- i. YOUR detailed reasons for failing to submit to such examination when required or made available, if YOU did so fail to submit; and
- j. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 33:**

If YOU are not currently employed, please state the last date worked and the reason that YOU are not currently employed.

**INTERROGATORY NO. 34:**

Are YOU receiving any form of disability pension? If so, state:

- a. From whom;
- b. The amounts received each month; and
- c. The anticipated duration of the disability.

**INTERROGATORY NO. 35:**

Have YOU ever been discharged from or ever voluntarily left a position due to health problems? If "yes", state in detail the time, name of employer, place and circumstances. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 36:**

Were YOU ever exposed to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIALS(S) outside of YOUR work environment? If “yes”, please state for each such OCCASION:

- a. Circumstances surrounding the exposure;
- b. Date(s) and LOCATION;
- c. Duration and manner of the exposure; and
- d. DESCRIBE the RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S).

**INTERROGATORY NO. 37:**

State whether you assert a claim for loss of income and, if so, state fully and in detail the year and YOUR annual earnings for each of the last ten years in which YOU were employed.

**INTERROGATORY NO. 38:**

Have YOU incurred any hospital expenses to date as a result of the injuries, complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If “yes”, state the total hospital expenses incurred and itemize each charge if more than one hospital is involved.

**INTERROGATORY NO. 39:**

Have YOU incurred any medical expense (other than hospitalization) or have any medical expenses been incurred on YOUR behalf to date as a result of the injuries, complaints, etc. which YOU attribute to YOUR alleged exposure to asbestos? If “yes”, state the total medical expenses incurred, itemizing each such charge.

**INTERROGATORY NO. 40:**

Has any insurance company, union or any other person, firm or corporation paid for or reimbursed YOU for, or become obligated to pay for, any medical or hospital expenses incurred by the alleged exposure to asbestos? If “yes”, state the name and address of the insurance company, union, person, firm or corporation who or which has paid or is obligated for the payment of or reimbursement for said expenses.

**INTERROGATORY NO. 41:**

Have YOU ever at any time made a claim for or received for an asbestos-related condition any health or accident insurance benefits, Workers’ Compensation payments, disability benefits, pension, accident compensation payment or veterans disability compensation? If “yes”, state:

- a. The illness, injury or injuries for which YOU made the claim;
- b. The date when such injury or injuries were sustained, the place of occurrence and the nature of the accident or incident causing such injury;
- c. The names and addresses of YOUR employer(s) at the time of each injury or illness;
- d. The names and addresses of the examining doctors for each injury or illness;
- e. The name of the board, tribunal or superior officer which or to whom the claim or claims were made or filed;
- f. The date the claim was made or filed;
- g. The claim, file or other number by which YOUR claim was identified;
- h. The present status of such claims (pending settlement, dismissal, etc.);
- i. The amounts of the benefits or awards or payments;
- j. The dates covering the times during which YOU received the benefits or awards or payments;

k. The identity of the agencies or insurance companies from whom YOU received the awards, benefits or payments; and

l. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 42:**

Have YOU lost or do YOU claim any wage or earning loss as a result of YOUR alleged exposure to asbestos? If so, state:

a. How much time was lost from work or employment, listing the dates involved and the name and address of the employer;

b. The gross amount of salary or earnings which YOU received each pay day, stating the intervals of such paydays (*e.g.*, weekly, bimonthly, monthly);

c. State the gross amount of salary or earnings actually lost due to the exposure;

d. If self-employed, state the total time lost from business, listing the dates involved and the gross financial loss to YOU, stating the nature of such loss and how incurred; and

e. Of the sum stated in YOUR response to subpart D of this interrogatory, state YOUR net loss.

**INTERROGATORY NO. 43:**

Have YOU incurred any expense or financial loss including property damage, other than as listed above which YOU attribute in any degree to YOUR exposure to asbestos products? If so, state such financial losses, expenses and property damage, giving the dates incurred and the amounts involved and the nature of each such expense or loss.

**INTERROGATORY NO. 44:**

Has any insurance company, union or other person, firm or corporation paid for or reimbursed YOU for or become obligated to pay for or reimburse YOU or anyone on YOUR behalf for any sums of money (excluding medical or hospital expenses) to provide any of the following: disability or other benefits; loss of earnings; property damage resulting from the alleged exposure to asbestos? If "yes", state:

- a. The nature of the obligation giving rise to the payment or reimbursement; and
- b. The name and address of the insurance company, union or other person, firm or corporation who or which has paid for or is obligated for payment of or reimbursement for such sums of money.

**INTERROGATORY NO. 45:**

Have you ever given a deposition or other testimony under oath? If so, state for each such deposition or testimony:

- a. The date(s) it was given;
- b. The name of the court or other body before which it was given; the identity of the proceeding including name, docket or other number, and venue or location;
- c. The name, address and telephone number of the court reporter or other transcriber. If the proceeding was not transcribed, please so state;
- d. Whether you or your attorney have a copy of the transcript; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.



**INTERROGATORY NO. 46:**

Have YOU ever had an application for life, health, accident, medical or hospital insurance rejected for health reasons? If “yes”, state:

- a. The date of the application(s);
- b. The date of rejection(s);
- c. The type of insurance for which YOU applied;
- d. The identity of the insurance company with which each application was filed;
- e. The reason for the rejection(s); and
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this

interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 47:**

Have YOU ever been a party to an action for damages for any personal injury YOU have suffered? If “yes”, state:

- a. The identity of all parties to the action(s) and their attorneys;
- b. The court and place where each such action was filed and the date(s) of filing;
- c. The nature and extent of the injuries claimed and whether any permanent disability remains;
- d. The present status of each action and, if concluded, the final result thereof

including the amount of any settlement or judgment.

**INTERROGATORY NO. 48:**

Have YOU ever made any claim for personal injury, other than this lawsuit, for injuries which YOU claim are related to YOUR alleged exposure to asbestos? If “yes”, please state:

- a. The nature of such injury or injuries;

- b. The date when such injury or injuries were sustained in each instance, the place of occurrence and the nature of the incident or accident causing this injury;
- c. The names and addresses of all persons and companies to whom said claims were made;
- d. The caption and case number;
- e. The court filing including state and county;
- f. The name and address of YOUR counsel of record;
- g. The present status of such claims (pending settlement, dismissal, etc.).

**INTERROGATORY NO. 49:**

Have YOU received any payments or reimbursements or have any payments been made on YOUR behalf from any source as a result of YOUR alleged exposure to asbestos, including without limitation settlements with defendants in this action, potential defendants, a bankrupt company, or any RESPONSIBLE PARTIES? If so, for each payment, please state:

- a. The name of each person or company making said payment(s);
- b. Total amount of payments from all sources; and
- c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 50:**

Do YOU have in YOUR possession or under YOUR control a Social Security office listing of past employers and dates of employment? If "yes", please either attach a copy or give the employer's name, address, date and quarterly Social Security Credit for each employer listed. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or

(3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 51:**

Are YOU Medicare-eligible? If so, please state:

- a. Whether you are currently enrolled in Medicare;
- b. If you are not currently enrolled in Medicare, whether you have previously been enrolled;
- c. The dates on which you are or were enrolled in Medicare;
- d. YOUR Medicare number.

**INTERROGATORY NO. 52:**

Has any person other than YOU received or sought treatment from Medicare for any reason related to your claims in this case? If so, please state, for each such person:

- a. The name, address, and telephone number;
- b. The person's relation to you (*e.g.* spouse, natural child);
- c. The person's Medicare number;
- d. The inclusive dates of such treatment.

**INTERROGATORY NO. 53:**

Have YOU filed a claim against a bankruptcy trust? If "yes," state for each claim:

- a. The name and address of that trust;
- b. The date YOUR claim was filed;
- c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory to your answers to interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

# EXHIBIT D

**DEFENDANTS' STANDARD INTERROGATORIES TO PLAINTIFF  
LOSS OF CONSORTIUM (PERSONAL INJURY) [SET ONE]**

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PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following standard interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* section 2030.010 *et seq.* within 30 days of the filing of a complaint. In responding to these standard interrogatories, you are required to furnish all information that is available to you or your attorney(s). If you cannot answer a standard interrogatory completely, answer it to the fullest extent possible and specify the reason(s) for your inability to respond fully.

**INTERROGATORIES**

**INTERROGATORY NO. 1:**

Please state:

- a. Your full name including first, middle and last names;
- b. Your address;
- c. Whether you currently reside with your spouse; and
- d. Your Social Security number.

**INTERROGATORY NO. 2:**

Please state the date of your current marriage and the place of your current marriage.

**INTERROGATORY NO. 3:**

Was your marriage ceremonial or common-law?

a. If marriage was ceremonial, please state the name, address and official capacity of the person performing the marriage;

b. If marriage was common-law, please outline the facts and circumstances relied upon to establish the marriage.

**INTERROGATORY NO. 4:**

Did you and spouse have any natural or adopted offspring? If “yes”, please state for each offspring:

- a. Full name including first, middle and last names;
- b. Address;
- c. Date of birth; and
- d. Whether natural or adopted.

**INTERROGATORY NO. 5:**

Have you had any previous marriages? If “yes”, please state:

- a. Previous spouse’s name;
- b. Previous spouse’s address;
- c. Dates of marriage;
- d. Names and ages of children, whether natural or adopted; and
- e. Place, date and circumstances under which marriage was dissolved or terminated.

**INTERROGATORY NO. 6:**

Has your spouse had any previous marriages? If “yes”, please state:

- a. Previous spouse’s name;
- b. Previous spouse’s address;
- c. Date of marriage;
- d. Names and ages of children, whether natural or adopted; and

- e. Place, date and circumstances under which marriage was dissolved or terminated.

**INTERROGATORY NO. 7:**

On the average, how many hours per day did you regularly spend with your spouse prior to his/her current illness?

**INTERROGATORY NO. 8:**

On the average, how many hours per day do you currently spend with your spouse?

**INTERROGATORY NO. 9:**

What hobbies, sports, games, cultural, vocational and other interests did you share with or enjoy in common with your spouse prior to his/her illness?

**INTERROGATORY NO. 10:**

Have you ever been legally separated from your spouse? If "yes", please state the circumstances, duration and dates of each such separation.

**INTERROGATORY NO. 11:**

Have you ever been voluntarily separated from your spouse for reasons due to differences or disputes arising out of the marital relationship? If "yes", please state the circumstances and duration of each such separation.

**INTERROGATORY NO. 12:**

Within the last 10 years have you or your spouse ever filed a civil complaint with any governmental agency against the other for physical abuse? If "yes", please state:

- a. The person initiating the procedure;
- b. A description of the complaint, charge or grievance;

- c. The court or governmental body before which the proceeding was brought; and
- d. The disposition of the proceeding.

**INTERROGATORY NO. 13:**

Within the last 10 years have you or your spouse ever filed a criminal complaint with any governmental agency against the other for physical abuse? If “yes”, please state:

- a. The person initiating the procedure;
- b. A description of the complaint, charge or grievance;
- c. The court or governmental body before which the proceeding was brought; and
- d. The disposition of the proceedings.

**INTERROGATORY NO. 14:**

Have you ever seen or consulted with any therapist or counselor or professional about sexual dysfunction or sexual incompatibility in your marriage? If “yes”, please state the dates, the names of the parties seen and the circumstances of each such visit or consultation.

**INTERROGATORY NO. 15:**

Please state the name, address and telephone number of every person who assisted you in any way in answering these interrogatories.

**INTERROGATORY NO. 16:**

Either (1) attach all DOCUMENTS evidencing the information sought in these interrogatories and their subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.



# EXHIBIT E

**DEFENDANTS' STANDARD INTERROGATORIES TO PLAINTIFF (WRONGFUL DEATH) [SET ONE]**

PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

**INTRODUCTION**

Each plaintiff in the above-captioned asbestos litigation is required to respond to the following standard interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* section 2030.010 *et seq.* within 30 days of the first service on any defendant. These interrogatories should be answered by the plaintiff most knowledgeable about the information sought regarding the decedent. In responding to these standard interrogatories, YOU are required to furnish all information that is available to YOU or YOUR attorney(s). If YOU cannot answer a standard interrogatory completely, answer it to the fullest extent possible and specify the reason(s) for YOUR inability to respond fully.

**DEFINITIONS**

1. "AREA" means the name of the specific structure, building, building number, floor of the building, ship compartment, process line, unit, piece of equipment, or other specific place within the WORKSITE.
2. "ASBESTOS-CONTAINING MATERIAL" means a material or product which consists of, or contains the mineral asbestos.
3. "CONTROL" means the act(s) of directing the manner and/or methods of conducting the work at a WORKSITE.
4. "DECEDENT" means the deceased individual whose claimed asbestos exposure forms the basis of the allegations underlying this lawsuit.
5. "DESCRIBE" as it relates to material means provide a complete description of the material including but not limited to: the material name, manufacturer, supplier, distributor,

color, texture, consistency, shape, size and any markings; a description of the material's container including size, color and all writing on that container; and a description of how the material was used.

6. "DOCUMENTS" means any writing as defined in *Evidence Code* section 250 and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, computer printout, and every other means of recording upon any tangible thing or form of communication or representation including letters, words, pictures, sounds or symbols or combinations of them.

7. "IDENTIFY" as it relates to a DOCUMENT means provide the title of the DOCUMENT, the date the DOCUMENT was generated, the name of the author of the DOCUMENT, a description of the DOCUMENT (e.g., letter, memorandum, report, book, photograph, etc.) and any other information which would be required to specify the DOCUMENT in a request for production of DOCUMENTS issued pursuant to *Code of Civil Procedure* section 2031.

8. "IDENTIFY" as it relates to an employer means to state the employer's name, address and telephone number.

9. "IDENTIFY" as it relates to a person means to provide the name, address and telephone number for each person.

10. "IDENTIFY" as it relates to a ship means to state the name of the ship, the owner of the ship, the operator of the ship, the type of ship, and the hull number of the ship.

11. "LOCATION" means the city, state, country, street address, intersection or shipyard. For work aboard ship, please IDENTIFY the ship and where it was located during the time DECEDENT worked on board.

12. "OCCASION" refers to a day, any part of a day, or a series of day(s), week(s), month(s) or year(s) during which DECEDENT worked continuously at a WORKSITE.

13. "RAW ASBESTOS" means asbestos fiber mined or milled, either packaged or in bulk, not compounded with other substances and essentially pure with the exception of naturally occurring trace amounts of other substances.

14. "RESPONSIBLE PARTY" means any person, business organization, or enterprise, including but not limited to the defendants in this action.

15. "SAFETY PRECAUTION" means respirators, masks, fans, air blowers, tarps, wetdown procedures, isolation and any other equipment and/or methods used to limit or prevent exposure to dust.

16. "WORKSITE" means any LOCATION where DECEDENT worked at any time.

17. "YOU" and "YOUR" refer to the person who is named above as the responding party. If more than one responding party is named, "YOU" and "YOUR" refer to each responding party separately, not jointly.

### INTERROGATORIES

#### INTERROGATORY NO. 1:

Please state YOUR:

- a. Full name including first, middle and last names;
- b. Relationship to the DECEDENT;
- c. Date of birth;
- d. Age;
- e. Place of birth;
- f. Address;
- g. Height and weight;
- h. Social Security Number;
- i. Kaiser Number;
- j. Government Serial Number;
- k. Military Serial Number;

- l. Driver's License Number and State;
- m. All of the names by which YOU have been known;
- n. Highest grade level completed;
- o. Spouse's name;
- p. Date of YOUR most recent marriage;
- q. Name of any former spouse;
- r. Date(s) of any former marriage(s); and
- s. Place, date and circumstances under which any marriage(s) was (were) dissolved or terminated.

**INTERROGATORY NO. 1B:**

Please state for the DECEDENT:

- a. Full name including first, middle and last names;
- b. Date of birth;
- c. Place of birth;
- d. Last residence address;
- e. Height and weight;
- f. Social Security Number;
- g. Kaiser Number;
- h. Government Serial Number;
- i. Military Serial Number;
- j. Driver's License Number and State;
- k. All of the names by which the DECEDENT was known;
- l. Highest grade level completed;
- m. Spouse's name;
- n. Spouse's date of birth;
- o. Date of marriage;

- p. Spouse's current address;
- q. Spouse's occupation/employer;
- r. Name of any former spouse(s);
- s. Date of any former marriage(s); and
- t. Place, date and circumstances under which any marriage(s) was (were) dissolved or terminated.

**INTERROGATORY NO. 2:**

For each child (either natural or adopted) of the DECEDENT, of any marriage, state:

- a. Name;
- b. Date of birth;
- c. Whether natural or adopted;
- d. Address;
- e. Occupation; and
- f. Whether the child is living or deceased..

**INTERROGATORY NO. 3:**

Are either of the DECEDENT's natural parents alive? If your answer is "yes", please state for each parent:

- a. Name of parent;
- b. Current age;
- c. Any history of cancer or respiratory disease; and
- d. Occupation.

**INTERROGATORY NO. 4:**

For each of DECEDENT'S blood relatives (for example: parent, grandparent, sibling, child, aunt, uncle) whom YOU believe died of either a malignancy (cancer) or pulmonary (lung) disease other than pneumonia, please state, separately for each person:

- a. Full name;
- b. Blood relation to DECEDENT (for example: parent, grandparent, sibling, aunt, uncle);
- c. Age at death;
- d. Date of death;
- e. Cause of death, as specifically described as possible;
- f. City, county and state where the person died; and
- g. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 5:**

State as completely as possible the address of each of the DECEDENT'S residences during his/her lifetime and the inclusive dates of each period of such residence.

**INTERROGATORY NO. 6:**

Please state the DECEDENT'S educational background and identify all institutions attended, including any apprenticeship courses or formal on-the-job training, and identify all institutions attended, the date graduated from each institution, the major course of study and any special scholastic honors or degrees received.

**INTERROGATORY NO. 7:**

State the earliest date that service of the summons and complaint was effected on any defendant in this case.

**INTERROGATORY NO. 8:**

Were either YOU or the DECEDENT ever convicted of a felony? If “yes”, please state fully and in detail the date, place and nature of each such felony conviction and who was convicted.

**INTERROGATORY NO. 9:**

Had the DECEDENT ever been a member of the Armed Forces? If “yes”, please state: each branch of service in which the DECEDENT served; the inclusive dates of service; the date of discharge from active duty; the DECEDENT’s service number; each place (*e.g.*, fort, base, station, etc.) at which the DECEDENT served; and, duties at each place. If the DECEDENT was not a member of the Armed Forces due to health reasons, please state the health reason(s) why.

**INTERROGATORY NO. 10:**

For every doctor who has ever treated or examined the DECEDENT during the last 10 years for any condition, and beyond 10 years for cancer and/or conditions related to the lungs, respiratory system, and/or ribs and any additional complaints or conditions stated in response to Interrogatory No. 16, please state for each treatment or examination:

- a. Doctor’s name;
- b. Doctor’s address;
- c. Treatment or examination received;
- d. Date(s) of treatment or examination;
- e. Reason for treatment or examination; and



f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 11:**

For every hospital in which the DECEDENT had ever been treated, tested or examined whether as an “inpatient” or as an “outpatient” during the last 10 years for any condition, and beyond 10 years for cancer and/or conditions related to the lungs, respiratory system, and/or ribs and any additional complaints or conditions stated in response to Interrogatory No. 16, please state for each hospital visit:

- a. Name of hospital;
- b. Address of hospital;
- c. Test, treatment, examination or hospitalization received;
- d. Date of test, treatment, examination or hospitalization received;
- e. Reason for hospital visit; and
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 12:**

Did DECEDENT ever have an x-ray, CT scan or high resolution CT scan taken of his/her trunk? If “yes”, please state for each:

- a. Name and address where taken;
- b. Date(s) and number taken of each;
- c. Part(s) of body x-rayed or scanned;

- d. Results, conclusions and/or diagnosis from each, except those prepared by consultants; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 13:**

Had the DECEDENT ever undergone a pulmonary function test? If “yes”, please state the following:

- a. Name and address where test was performed;
- b. Date of test;
- c. Name of doctor administering and/or interpreting test;
- d. Reason for test;
- e. Results, conclusions and/or diagnosis from each test, except those prepared by consultants;
- f. Was the DECEDENT informed of the results of the test?
- g. Who informed the DECEDENT of the results of the test?
- h. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 14:**

Describe the name and quantity of each type of drug, tranquilizer, sedative, or other medication taken or used by the DECEDENT during the last 10 years of the DECEDENT’s life, specifying the frequency and purpose of use.

**INTERROGATORY NO. 15:**

Do YOU or YOUR attorney have any medical reports except those prepared by consultants from any persons, hospitals, doctors, or medical practitioners or institutions that ever treated or examined the DECEDENT at any time? If “yes”, either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents. If YOU will not voluntarily attach copies of reports to the answers to these interrogatories, then please state fully and in detail for each:

- a. The identity of the report(s) by date, subject matter, name, address, job title or capacity of the persons to whom it is addressed or directed and the job title or capacity of the person or persons who prepared the same; and
- b. The name, address and present whereabouts of the person who has present custody or control thereof and the purpose of said preparation.

**INTERROGATORY NO. 16:**

Identify each and every complaint, symptom, adverse reaction or other injury which YOU allege is directly or indirectly related to DECEDENT’s alleged exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S), and for each complaint, symptom, adverse reaction, or other injury, please state:

- a. The date on which the DECEDENT first became aware of the signs of the complaint, symptom, adverse reaction or injury;
- b. The date each such complaint, symptom, adverse reaction or injury ceased to affect the DECEDENT;
- c. Any physical change in the DECEDENT’s appearance occasioned by such complaint, symptom, adverse reaction or injury;
- d. Each part of the DECEDENT’s body which YOU contend was affected;

- e. The date upon which the complaint, symptom, adverse reaction or injury was reported to a doctor or physician;
- f. State the name, address and telephone number of each such physician to whom said complaint, symptom, adverse reaction or injury was reported;
- g. State whether the DECEDENT lost any time from work as a result of the DECEDENT's asbestos-related injury or medical condition;
- h. If such injury resulted in lost time from work, please state the date on which the DECEDENT first lost work and the amount of time lost from work; and
- i. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 17:**

Please state when it was first determined that the DECEDENT was suffering from an asbestos-related disease. Please include in YOUR answer:

- a. The nature of the asbestos-related disease(s);
- b. The date and time of such determination;
- c. When and by what means that determination was first communicated to each plaintiff herein;
- d. The name, address and telephone number of the physician and/or other person(s) who so informed you;
- e. The method and information upon which such determination was based;
- f. The name, address and telephone number of any hospital, medical institution, laboratory, physician, nurse, laboratory technician, etc., involved in any part of such determination;

g. The name, address and telephone number of every person, including the DECEDENT's relatives, employer, or anyone acting in the DECEDENT's behalf, to whom such determination was made known. Please include the date, time and place of such revelation, and the name, address and telephone number of anyone witnessing said revelation;

h. The name, address and telephone number of the DECEDENT's employer(s) at the time of such determination;

i. The specific course(s) of treatment or therapy, including any medicine prescribed as a result of such determination, and the name, address and telephone number of each prescribing physician;

j. State whether the DECEDENT followed the medication or therapy regime prescribed by each of the said physicians for the treatment of said complaint, symptom, adverse reaction or injury;

k. Please state the names and addresses of any other physicians or practitioners subsequently affirming or making the same determination; and

l. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 18:**

Did any of the said treating physicians inform either YOU, any plaintiff or the DECEDENT at any time that the complaints, symptoms, adverse reactions or injuries may have been caused by factor(s) or reason(s) other than exposure to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(s)? If "yes", please state:

a. The other factor(s) or reason(s) involved;

b. The names, addresses and telephone numbers of the physicians believing or suspecting such other factor(s) or reason(s) to be involved;

c. The date(s) that said physicians told either YOU, any plaintiff or the DECEDENT that they believed or suspected that other factor(s) or reason(s) might be involved and to whom that information was provided on each such date;

d. The reason that said factor(s) or reason(s) were excluded as possible sources or causes of the symptoms; and

e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 19:**

Was a death certificate prepared after the death of the DECEDENT? If “yes”, please state:

a. Whether it was filed;

b. The office in which it was filed;

c. The address and occupation of the person listed on the certificate as the informant;

d. The relationship to or connection with DECEDENT of the person listed as the informant;

e. The name, address and specialty of each doctor furnishing information appearing on the death certificate;

f. The immediate cause of death shown on the death certificate and, if known, any contributing causes listed; and

g. The exact time, date and place of death shown on the death certificate.

**INTERROGATORY NO. 20:**

Was an autopsy performed on the body of the DECEDENT? If “yes”, for each autopsy state:

- a. The name, address and official capacity of each person authorizing or ordering the autopsy;
- b. The relationship to or connection with DECEDENT of each person authorizing or ordering the autopsy;
- c. Why the autopsy was ordered;
- d. Whether the autopsy involved the DECEDENT’s entire body and, if not, to which organ(s) it was confined.
- e. The name, address, occupation and professional specialty of each person performing the autopsy;
- f. The name, address, occupation and professional specialty of any person or organization which in addition to that identified in subpart 19(E) also had custody of DECEDENT’s body or any portion thereof in furtherance of obtaining the autopsy or any portion of an autopsy;
- g. The time and date the autopsy and/or any limited autopsy was performed;
- h. The cause of death shown by the autopsy;
- i. The name, address and occupation of each person having custody of the report of the results of the autopsy;
- j. Whether YOU have or can obtain a copy of the autopsy report or if YOU will do so without a Motion to Produce and attach a copy of each autopsy report to YOUR answers to these interrogatories; and
- k. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 21:**

Do YOU know of any pathology slides that were made of any tissue samples of the DECEDENT during the last 10 years of DECEDENT'S life? If YOUR answer is "yes", for each set of slides made please state:

- a. The name of the hospital;
- b. The name of the doctor;
- c. The current location;
- d. The date said slides were made;
- e. The accession number(s); and
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 22:**

Had the DECEDENT ever suffered any personal injuries other than those involved in this lawsuit? If "yes", state for each such injury:

- a. The date, place, names of persons involved, and circumstances surrounding such injury;
- b. The nature and extent of the injuries including any ill effects or disabilities remaining at the time of the last treatment or examination;
- c. The nature and extent of the injuries including all ill effects or disabilities remaining at the time of death of DECEDENT;
- d. The names, addresses and date(s) of last treatment or examination by all persons who treated or examined DECEDENT in connection with such injury;
- e. The nature and source of any disability benefits, pensions or other payments for such injuries; and



f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 23:**

Did the DECEDENT ever smoke tobacco products of any type? If “yes”, please state:

- a. The dates and time periods during which the DECEDENT smoked;
- b. The type of tobacco products the DECEDENT smoked and whether the DECEDENT inhaled the smoke or not;
- c. The daily frequency with which the DECEDENT smoked;
- d. If the DECEDENT ever smoked cigarettes, state the average number of packs per day so consumed;
- e. The commercial brand name(s) of any tobacco products that the DECEDENT used; and
- f. Whether any physician ever advised DECEDENT to stop or curtail smoking tobacco products? If “yes”, please state:
  1. The name of each such physician; and
  2. The date(s) on which DECEDENT was so advised

**INTERROGATORY NO. 24:**

Was any person with whom the DECEDENT shared a household for more than one year a regular user of cigarettes during the time DECEDENT shared a household with that individual(s)? If “yes”, please state fully and in detail for each such person:

- a. The name and relationship to the DECEDENT of the smoker;
- b. The dates during which the DECEDENT shared a household with that person;

c. The brand name(s) of cigarettes the person used during the time DECEDENT shared a household; and

d. The frequency with which that person smoked cigarettes in the DECEDENT's presence during the time the DECEDENT shared a household.

**INTERROGATORY NO. 25:**

Describe the extent to which the DECEDENT drank alcoholic beverages during the DECEDENT's lifetime, specifying the particular kind of alcoholic beverages and the quantity consumed per week over the period of time such beverage(s) were consumed.

**INTERROGATORY NO. 26:**

For every type of employment that DECEDENT had ever had, whether self-employed or employed by others, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.) Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

| <i>Employer's Name<br/>and Address</i> | <i>Job Title</i> | <i>Date Started - Date Ended<br/>(Month, Day, Year)</i> |  |
|--|------------------|---|--|
|  |                  |   |  |
|  |                  |   |  |
|  |                  |   |  |

***Description of Job Duties:***

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**Job Sites:**

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**Your Estimate of Total Time (Days, Weeks, etc.) Decedent Worked at That Site:**

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**Do you claim Decedent was exposed to asbestos at this employment? Yes \_\_\_ No \_\_\_**

| <b>Employer's Name<br/>and Address</b> | <b>Job Title</b> | <b>Date Started - Date Ended<br/>(Month, Day, Year)</b> |  |
|--|------------------|---|--|
|  |                  |   |  |
|  |                  |   |  |
|  |                  |   |  |

**Description of Job Duties:**

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**Job Sites:**

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**Your Estimate of Total Time (Days, Weeks, etc.) Decedent Worked at That Site:**

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**Do you claim Decedent was exposed to asbestos at this employment? Yes \_\_\_ No \_\_\_**

| <b>Employer's Name<br/>and Address</b> | <b>Job Title</b> | <b>Date Started - Date Ended<br/>(Month, Day, Year)</b> |  |
|--|------------------|---|--|
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**Description of Job Duties:**

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**Job Sites:**

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**Your Estimate of Total Time (Days, Weeks, etc.) Decedent Worked at That Site:**

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**Do you claim Decedent was exposed to asbestos at this employment? Yes \_\_\_ No \_\_\_**

| <i>Employer's Name<br/>and Address</i> | <i>Job Title</i> | <i>Date Started - Date Ended<br/>(Month, Day, Year)</i> |  |
|--|------------------|---|--|
|  |                  |   |  |
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***Description of Job Duties:***

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***Job Sites:***

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***Your Estimate of Total Time (Days, Weeks, etc.) Decedent Worked at That Site:***

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***Do you claim Decedent was exposed to asbestos at this employment? Yes \_\_\_ No \_\_\_***

**INTERROGATORY NO. 27:**

Was the DECEDENT ever a member of any labor union, including but not limited to the Heat, Frost, Insulation and Asbestos Workers Union? If "yes", please state for each such union membership:

- a. The name of each such international union and its number, along with the local number of each such union; and

b. The date and time periods during which the DECEDENT maintained membership in such union.

**INTERROGATORY NO. 28:**

When and how did the DECEDENT first learn that exposure to asbestos was a potential health hazard?

**INTERROGATORY NO. 29:**

When did the DECEDENT first observe anyone use any type of SAFETY PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(s)?

**INTERROGATORY NO. 30:**

When, where and at whose direction did the DECEDENT first use any type of SAFETY PRECAUTION while working around RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(s)?

**INTERROGATORY NO. 31:**

Please state whether any of the DECEDENT's employers either required or made available physical examinations for their employees. If such physical examinations were either required or made available to the DECEDENT, please state for each such employer:

- a. The employer;
- b. The nature and extent of examinations;
- c. The frequency of examinations;
- d. Whether they were required or optional;
- e. Whether x-ray examination was included;

- f. The frequency, including specific dates and times with which the DECEDENT submitted to such examinations;
- g. Whether the DECEDENT received the results of any such examinations; the dates that they were given to the DECEDENT and the nature of the results;
- h. The name, address and telephone number of the examining physician, nurse or technician;
- i. The DECEDENT's detailed reasons for failing to submit to such examination when required or made available, if the DECEDENT did so fail to submit; and
- j. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 32:**

Was the DECEDENT ever exposed to RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S) outside of the DECEDENT'S work environment? If "yes", please state for each such OCCASION:

- a. The circumstances surrounding the exposure;
- b. The date(s) and LOCATION;
- c. The duration and manner of the exposure; and
- d. DESCRIBE the RAW ASBESTOS or ASBESTOS-CONTAINING MATERIAL(S).

**INTERROGATORY NO. 33:**

Was the DECEDENT ever discharged from or did the DECEDENT ever voluntarily leave a position due to health problems? If "yes", please state in detail the time, name of employer, place and circumstances and either (1) attach all DOCUMENTS evidencing the

information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents..

**INTERROGATORY NO. 34:**

If the DECEDENT was not employed at the time of death, please state the DECEDENT's last date worked and the reason that the DECEDENT was not employed thereafter.

**INTERROGATORY NO. 35:**

Was the DECEDENT receiving any form of disability pension at the time of death? If "yes", please state:

- a. From whom;
- b. The amounts received each month; and
- c. The anticipated duration of the disability pension.

**INTERROGATORY NO. 36:**

If you state a claim for loss of DECEDENT'S income, state fully and in detail the year and the DECEDENT's annual earnings for each of the last 10 years in which the DECEDENT was employed.

**INTERROGATORY NO. 37:**

Did the DECEDENT, during the last 10 years of DECEDENT's life, engage in any other activity or participate in any way in any business designed to produce income not mentioned in the preceding interrogatories? If "yes", for each such activity or business state:

- a. A description of the activity or business;
- b. The amount of time DECEDENT devoted to the activity or business during each of the last ten years of DECEDENT's life; and



c. The amount of income received from the activity of business for each of the last ten years of DECEDENT's life.

**INTERROGATORY NO. 38:**

At the time of death, had the DECEDENT incurred any hospital expenses as a result of the injuries, complaints, etc. which YOU attribute to the DECEDENT's alleged exposure to asbestos? If "yes", please state the total hospital expenses incurred and itemize each charge if more than one hospital is involved.

**INTERROGATORY NO. 39:**

At the time of death, had the DECEDENT incurred any medical expense (other than hospitalization) or had any medical expenses been incurred on the DECEDENT's behalf to date as a result of the injuries, complaints, etc. which YOU attribute to the DECEDENT's alleged exposure to asbestos? If "yes", please state the total medical expenses incurred, itemizing each such charge.

**INTERROGATORY NO. 40:**

Has any insurance company, union or any other person, firm or corporation paid for or reimbursed, or become obligated to pay for, any medical or hospital expenses incurred by the DECEDENT as a result of the alleged exposure to asbestos? If "yes", please state the name and address of the insurance company, union, person, firm or corporation who or which has paid or is obligated for the payment of or reimbursement for said expenses.

**INTERROGATORY NO. 41:**

Had the DECEDENT ever given a deposition or other testimony under oath? If so, please state for each such deposition or testimony:

a. The date(s) it was given;

- b. The name of the court or other body before which it was given; the identity of the proceeding including name, docket or other number, and venue or location;
- c. The name, address and telephone number of the court reporter or other transcriber. If the proceeding was not transcribed, please so state;
- d. Whether YOU or YOUR attorney have a copy of the transcript; and
- e. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 42:**

Had the DECEDENT ever at any time made a claim for or received for an asbestos-related condition any health or accident insurance benefits, Workers' Compensation payments, disability benefits, pension, accident compensation payment or veterans disability compensation? If "yes", please state:

- a. The illness, injury or injuries for which the DECEDENT made the claim;
- b. The date when such injury or injuries were sustained, the place of occurrence and the nature of the accident or incident causing such injury;
- c. The names and addresses of the DECEDENT's employer(s) at the time of each injury or illness;
- d. The names and addresses of the examining doctors for each injury or illness;
- e. The name of the board, tribunal or superior officer which or to whom the claim or claims were made or filed;
- f. The date the claim was made or filed;
- g. The claim, file or other number by which the DECEDENT's claim was identified;
- h. The present status of such claims (pending settlement, dismissal, etc.);
- i. The amounts of the benefits or awards or payments;

j. The dates covering the times during which the DECEDENT received the benefits or awards or payments;

k. The identity of the agencies or insurance companies from whom the DECEDENT received the awards, benefits or payments; and

l. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 43:**

Had the DECEDENT ever had an application for life, health, accident, medical or hospital insurance rejected for health reasons? If “yes”, please state:

- a. The date of the application(s);
- b. The date of rejection(s);
- c. The type of insurance for which the DECEDENT applied;
- d. The identity of the insurance company with which each application was filed;
- e. The reason for the rejection(s); and
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 44:**

Had the DECEDENT ever been a party to an action for damages for any personal injury the DECEDENT suffered? If “yes”, please state:

- a. The identity of all parties to the action(s) and their attorneys;
- b. The court and place where each such action was filed and the date(s) of filing;

c. The nature and extent of the injuries claimed and whether any permanent disability remained at the time DECEDENT died; and

d. The present status of each action and, if concluded, the final result thereof including the amount of any settlement or judgment.

**INTERROGATORY NO. 45:**

Had the DECEDENT ever made any claim for personal injury, other than this lawsuit, for injuries which YOU claim are related to the DECEDENT's alleged exposure to asbestos? If "yes", please state:

a. The nature of such injury or injuries;

b. The date when such injury or injuries were sustained in each instance, the place of occurrence and the nature of the incident or accident causing this injury;

c. The names and addresses of all persons and companies to whom said claims were made;

d. The caption and case number;

e. The court filing including state and county;

f. The name and address of YOUR counsel of record;

g. The present status of such claims (pending settlement, dismissal, etc.); and

h. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 46:**

Had the DECEDENT received any payments or reimbursement or have any payments been made on the DECEDENT's behalf from any source as a result of the DECEDENT's alleged exposure to asbestos, including without limitation settlements with defendants in this action,

potential defendants, a bankrupt company, or any RESPONSIBLE PARTIES? If “yes”, for each payment please state:

- a. The name of the each person or company making said payment(s); and
- b. Total amount of payments from all sources.

**INTERROGATORY NO. 47:**

Do YOU have in YOUR possession or under YOUR control a Social Security office listing of all the DECEDENT’s past employers and dates of employment? If “yes”, please either attach a copy or give the employer’s name, address, date and quarterly Social Security Credit for each employer listed.

**INTERROGATORY NO. 48:**

Are YOU Medicare-eligible? If so, please state:

- a. Whether you are currently enrolled in Medicare;
- b. If you are not currently enrolled in Medicare, whether you have previously been enrolled;
- c. The dates on which you are or were enrolled in Medicare;
- d. YOUR Medicare number.

**INTERROGATORY NO. 49:**

Has any person other than YOU received or sought treatment from Medicare for any reason related to your claims in this case? If so, please state, for each such person:

- a. The name, address, and telephone number;
- b. The person’s relation to you (*e.g.* spouse, natural child);
- c. The person’s Medicare number;
- d. The inclusive dates of such treatment.

**INTERROGATORY NO. 50:**

Have YOU filed a claim against a bankruptcy trust? If “yes,” state for each claim:

- a. The name and address of that trust;
- b. The date YOUR claim was filed;
- c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory to your answers to interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

# EXHIBIT F

**DEFENDANTS' STANDARD INTERROGATORIES TO PLAINTIFF (FRICTION) [SET ONE]**

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PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

**INTRODUCTION**

Each plaintiff in any asbestos case involving allegations of exposure to friction products is required to answer the following standard interrogatories separately and fully in writing, under oath, pursuant to *Code of Civil Procedure* section 2030 within 30 days after service of the complaint. In responding to these standard interrogatories, YOU are required to furnish all information that is available to YOU or YOUR attorney(s). If YOU cannot answer an interrogatory completely, answer it to the fullest extent possible and specify the reason(s) YOU are unable to respond fully.

**DEFINITIONS**

1. "ASBESTOS-CONTAINING FRICTION PRODUCTS" means "BRAKE LININGS" as defined below and MOTOR VEHICLE transmission parts such as clutches, clutch plates, clutch discs, clutch facings and linings, or any other MOTOR VEHICLE parts which contain or have parts made from asbestos.

2. "BRAKE LININGS" mean the metallic shoe and friction material attached thereto as well as disc brake pads and calipers.

3. "CONTAINER" means any package, cart, box, wrapping, bag or other material in which the ASBESTOS-CONTAINING FRICTION PRODUCTS came.

4. "FRICTION MATERIAL DEFENDANTS" means those defendants who plaintiff(s) has/have named in the complaint and who plaintiff(s) allege(s) are in the business of selling, manufacturing or distributing ASBESTOS-CONTAINING FRICTION PRODUCTS and/or any other MOTOR VEHICLE parts which plaintiff(s) allege(s) contain asbestos.



5. "IDENTIFY" as used in reference to documents means to give such specific descriptive information about each document with sufficient particularity as would enable plaintiff to respond to a request to produce such document.

6. "IDENTIFY" as used in reference to any individual or entity means to state their name, address, telephone number and, if appropriate, his/her employer, employer's address and relationship to plaintiff (coworker, friend, relative, etc.).

7. "MOTOR VEHICLE" means any motor vehicle or mobile equipment and their systems or parts, including but not limited to a car, truck, tractor, trailer, bus or heavy motorized equipment upon which plaintiff claims he/she performed any repairs or work that resulted in an exposure to asbestos.

8. "WRITTEN INFORMATION" means any printing, writing, labeling, logos, imprints or stamps which might appear on ASBESTOS-CONTAINING FRICTION PRODUCTS or CONTAINERS.

9. "YOU" or "YOUR" in a personal injury case means the plaintiff. In a wrongful death case, they mean the decedent.

### INTERROGATORIES

#### INTERROGATORY NO. 1:

State the full name of each plaintiff answering these interrogatories.

#### INTERROGATORY NO. 2:

Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCTS at any place of employment? If so:

a. State the names and address of all places of employment where YOU contend such an exposure took place.

b. State the dates YOU worked at each place of employment;

c. IDENTIFY YOUR immediate supervisor(s) at each place of employment;

- d. IDENTIFY all of YOUR coworkers at each place of employment (whose name YOU recall or whose identity is known to YOUR attorney);
- e. IDENTIFY any other person with knowledge of YOUR alleged exposure at each place of employment;
- f. State YOUR job title at each place of employment;
- g. State YOUR job responsibilities at each place of employment;
- h. Provide a complete description of any work performed with ASBESTOS-CONTAINING FRICTION PRODUCTS by YOU which YOU contend caused an asbestos exposure to YOU at each place of employment.
- i. State the specific parts or components YOU worked with which YOU contend were ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment;
- j. State the frequency of YOUR exposure to each specific ASBESTOS-CONTAINING FRICTION PRODUCT at each place of employment;
- k. For brake replacements, describe the method used to clean the brake assembly at each place of employment, including the tools and equipment used;
- l. For clutch replacements, describe the method used to clean the clutch assembly at each place of employment, including the tools and equipment used;
- m. IDENTIFY by manufacturer and type each replacement ASBESTOS-CONTAINING FRICTION PRODUCT installed by YOU by manufacturer and type (*e.g.*, brake linings by ABC Corp. and XYZ Corp.);
- n. State whether YOU did any arcing of ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment and, if so, the frequency of this activity;
- o. State whether YOU did any grinding of ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment and, if so, the frequency of this activity;
- p. State whether YOU did any sanding of ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment and, if so, the frequency of this activity;

- q. State whether YOU did any cutting of ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment and, if so, the frequency of this activity;
- r. State whether YOU did any drilling of ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment and, if so, the frequency of this activity at each place of employment;
- s. State whether YOU removed any ASBESTOS-CONTAINING FRICTION PRODUCTS from MOTOR VEHICLES at each place of employment;
- t. IDENTIFY by manufacturer and type each ASBESTOS-CONTAINING FRICTION PRODUCT by YOU removed by manufacturer and type (*e.g.*, brake linings by ABC Corp. and XYZ Corp.);
- u. Describe any WRITTEN INFORMATION which indicated the identity of the manufacturer of any ASBESTOS-CONTAINING FRICTION PRODUCTS YOU removed at each place of employment;
- v. Describe the type of each MOTOR VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS (*e.g.*, car, light truck, heavy truck, tractor, bus, etc.);
- w. IDENTIFY the manufacturer of each MOTOR VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS;
- x. Completely describe any work performed with ASBESTOS-CONTAINING FRICTION PRODUCTS by others which YOU contend caused an asbestos exposure to YOU;
- y. For each occasion on which YOU contend work performed with ASBESTOS-CONTAINING FRICTION PRODUCTS by others caused an asbestos exposure to YOU, state YOUR proximity to the work performed;
- z. IDENTIFY every supplier from whom YOU obtained ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment;
- aa. For each supplier IDENTIFIED above, state the years in which you obtained ASBESTOS-CONTAINING FRICTION PRODUCTS from that supplier;

bb. Describe any safety equipment or protective devices for use with ASBESTOS-CONTAINING FRICTION PRODUCTS provided to YOU or YOUR coworkers at each place of employment;

cc. Describe any safety equipment or protective devices YOU or YOUR coworkers were required to use with ASBESTOS-CONTAINING FRICTION PRODUCTS at each place of employment;

dd. Describe any safety equipment or protective devices for use with ASBESTOS-CONTAINING FRICTION PRODUCTS used by YOU or YOUR coworkers at each place of employment;

ee. IDENTIFY all documents which support YOUR contention that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCT (not including documents obtained from other defendants through discovery);

**INTERROGATORY NO. 3:**

Do YOU contend that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCTS anywhere other than a place of employment (*i.e.*, during home auto repair)? If so, please state for each such exposure:

a. The location where YOU contend each such exposure took place;

b. The dates of each exposure;

c. For each such exposure, IDENTIFY the owner of the MOTOR VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS;

d. For each such exposure, IDENTIFY any person who observed YOU working with ASBESTOS-CONTAINING FRICTION PRODUCTS;

e. For each such exposure, IDENTIFY any other person with knowledge of YOUR alleged exposure to ASBESTOS-CONTAINING FRICTION PRODUCTS;

- f. For each such exposure, provide a complete description of any work performed with ASBESTOS-CONTAINING FRICTION PRODUCTS by YOU which YOU contend caused an asbestos exposure to YOU;
- g. For each such exposure, describe the specific parts or components YOU worked with which YOU contend were ASBESTOS-CONTAINING FRICTION PRODUCTS;
- h. For each brake replacement, describe the method used to clean the brake assembly, including the tools and equipment used;
- i. For each clutch replacement, describe the method used to clean the clutch assembly, including the tools and equipment used;
- j. For each such exposure, IDENTIFY by manufacturer and type the replacement ASBESTOS-CONTAINING FRICTION PRODUCT installed by YOU (*e.g.*, brake linings by ABC Corp. and XYZ Corp.);
- k. For each such exposure, whether YOU did any arcing of ASBESTOS-CONTAINING FRICTION PRODUCTS;
- l. For each such exposure, whether YOU did any grinding of ASBESTOS-CONTAINING FRICTION PRODUCTS;
- m. For each such exposure, whether YOU did any sanding of ASBESTOS-CONTAINING FRICTION PRODUCTS;
- n. For each such exposure, whether YOU did any cutting of ASBESTOS-CONTAINING FRICTION PRODUCTS;
- o. For each such exposure, whether YOU did any drilling of ASBESTOS-CONTAINING FRICTION PRODUCTS;
- p. For each such exposure, whether YOU removed any ASBESTOS-CONTAINING FRICTION PRODUCTS from a MOTOR VEHICLE;
- q. For each such exposure, IDENTIFY by manufacturer and type each ASBESTOS-CONTAINING FRICTION PRODUCT removed by YOU removed (*e.g.*, brake linings by ABC Corp. and XYZ Corp.);

- r. For each such exposure, describe any WRITTEN INFORMATION which indicated the identity of the manufacturer of any ASBESTOS-CONTAINING FRICTION PRODUCTS YOU removed;
- s. For each such exposure, describe the type of MOTOR VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS (e.g., car, light truck, heavy truck, tractor, bus, etc.);
- t. For each such exposure, IDENTIFY the manufacturer and model year of MOTOR VEHICLE on which YOU performed work with ASBESTOS-CONTAINING FRICTION PRODUCTS;
- u. For each such exposure, provide a complete description of any work performed with ASBESTOS-CONTAINING FRICTION PRODUCTS by others which YOU contend caused an asbestos exposure to YOU;
- v. For each occasion on which YOU contend work performed with ASBESTOS-CONTAINING FRICTION PRODUCTS by others caused an asbestos exposure to YOU, state YOUR proximity to the work performed;
- w. Please IDENTIFY every supplier from whom YOU obtained ASBESTOS-CONTAINING FRICTION PRODUCTS;
- x. For each supplier IDENTIFIED above, state the years in which YOU obtained ASBESTOS-CONTAINING FRICTION PRODUCTS from that supplier;
- y. For each such exposure, describe any safety equipment or protective devices for use with ASBESTOS-CONTAINING FRICTION PRODUCTS used by YOU;
- z. IDENTIFY all documents which support YOUR contention that YOU were exposed to asbestos from any ASBESTOS-CONTAINING FRICTION PRODUCT (not including documents obtained from other defendants through discovery).

**INTERROGATORY NO. 4:**

Have YOU ever received any formal instruction or training in MOTOR VEHICLE inspection, repair, maintenance or mechanics? If so, please state:

- a. Where YOU received such training;
- b. When YOU received such training;
- c. By whom the training was given, noting corporate identity as well as name and address of individual(s);
- d. The subject or topics involved;
- e. The systems or parts of the MOTOR VEHICLE involved;
- f. Whether any safety equipment or protective devices with respect to asbestos were discussed and/or advised and, if so, describe the equipment/devices; and
- g. Whether the subject of asbestos (asbestos parts, asbestos health hazards, etc.) was discussed and, if so, what was said;

**INTERROGATORY NO. 5:**

Were technical or shop manuals ever made available to YOU at any place of employment where YOU performed MOTOR VEHICLE repairs? If so, please state:

- a. At which place of employment or training or in what other circumstances the manuals were made available;
- b. The time periods during which the manuals were made available;
- c. The identity of the manual (*i.e.*, Chilton's, etc.);
- d. What systems or components were covered in the manuals; and
- e. YOUR use of the manual (including the frequency of use, reasons for use, etc.).

**INTERROGATORY NO. 6:**

Are YOU contending that any defect or defective condition exists with respect to ASBESTOS-CONTAINING FRICTION PRODUCTS other than a failure to warn? If so:

- a. Set forth YOUR contention with respect to the alleged defect or defective condition;
- b. State all facts upon which YOU base YOUR contention that a defect or defective condition (other than a failure to warn) exists with respect to ASBESTOS-CONTAINING FRICTION PRODUCTS;
- c. IDENTIFY all documents and/or writings upon which YOU rely in so contending; and
- d. IDENTIFY all witnesses who have knowledge of the facts upon which YOU rely in so contending.

**INTERROGATORY NO. 7:**

Are YOU contending that any warnings regarding ASBESTOS-CONTAINING FRICTION PRODUCTS given were inadequate or insufficient? If so, please state:

- a. State YOUR contention as to each manufacturer or supplier of ASBESTOS-CONTAINING FRICTION PRODUCTS to which YOU contend YOU were exposed;
- b. State YOUR contention as to how each warning was insufficient;
- c. State YOUR contention as to what a proper warning should have been;
- d. IDENTIFY the witnesses who have personal knowledge of the facts which support any of the contentions set forth above.

**INTERROGATORY NO. 8:**

Do YOU contend that any misrepresentations were made to YOU by any manufacturer or supplier of ASBESTOS-CONTAINING FRICTION PRODUCTS? If so, please state:

- a. The nature or substance of the misrepresentation;
- b. By whom it was made;
- c. To whom it was made; and
- d. When it was made.



**INTERROGATORY NO. 9:**

Do YOU contend that there was a violation of any state or federal law or regulation by any manufacturer or supplier of the ASBESTOS-CONTAINING FRICTION PRODUCTS to which YOU contend YOU were exposed? If so, state specifically and in detail and by citation each and every state or federal law or regulation YOU contend was violated and state the name of each manufacturer and/or supplier YOU contend committed the violations.

**INTERROGATORY NO. 10:**

Were YOU/are YOU licensed or certified by any local, state or federal authority to perform work upon MOTOR VEHICLES? If so, please state:

- a. By whom YOU were or are licensed or certified;
- b. When YOU were licensed or certified;
- c. What the requirements were/are to become licensed or certified;
- d. Whether YOU had to pass any written examinations to become licensed or certified;
- e. Whether YOU had to pass any proficiency examinations to become licensed or certified;
- f. Whether YOU were ever retested or recertified and, if so, the dates of the retesting or recertification; and
- g. Whether YOUR license or certificate was revoked or suspended and, if so, when and why.

**INTERROGATORY NO. 11:**

Did YOU ever complain about working conditions, specifically any potential hazards of working with ASBESTOS-CONTAINING FRICTION PRODUCTS? If so:

- a. To whom did YOU complain;
- b. When did YOU complain;

- c. Describe the specific nature of YOUR complaint;
- d. What action, if any, was taken to rectify the situation;
- e. State when such action was taken;
- f. State whether YOU repeated the complaints if no action was taken;
- g. State whether YOUR coworkers joined in YOUR complaints;
- h. IDENTIFY anyone who may have heard YOU make YOUR complaints; and
- i. State whether YOUR complaints were made orally or in writing.

**INTERROGATORY NO. 12:**

To YOUR knowledge, were any air samplings for asbestos levels taken at any of the locations at which YOU worked? If so, please state:

- a. The work location or place of employment where this occurred;
- b. When the sampling(s) took place;
- c. By whom the sampling was performed;
- d. By what method the sampling was performed; and
- e. The results of the sampling.

**INTERROGATORY NO. 13:**

To YOUR knowledge, did any governmental agency, federal, state or local, conduct any inspection of any of YOUR work locations/places of employment? If so, please state:

- a. Name and address of each work place;
- b. Date(s) of inspection;
- c. Purpose of inspection;
- d. Findings of the inspection; and
- e. Whether any changes (of the facilities, equipment or in procedures) were instituted in the work environment within three months of the inspection.

**INTERROGATORY NO. 14:**

At any time, were YOU aware of or did YOU read any bulletins, newsletters or similar publications regarding ASBESTOS-CONTAINING FRICTION PRODUCTS or asbestos-related health hazards issued by any manufacturer, distributor or seller of ASBESTOS-CONTAINING FRICTION PRODUCTS, governmental agency, dealership association, union, organization of MOTOR VEHICLE mechanics or any other group, association or organization? If so, please state:

- a. The title of the publication;
- b. The date of the publication;
- c. The identity of the group publishing the document;
- d. Where YOU saw the document (at the place of employment or mailed to YOUR home);
- e. When YOU saw the document (received regularly or on an intermittent basis and the time frame of receipt);
- f. The specifics or details of the information concerning asbestos health hazards allegedly arising from ASBESTOS-CONTAINING FRICTION PRODUCTS; and
- g. What, if anything, YOU did in response to the information contained in this publication (including complaints to employers).

**INTERROGATORY NO. 15:**

Are YOU Medicare-eligible? If so, please state:

- a. Whether you are currently enrolled in Medicare;
- b. If you are not currently enrolled in Medicare, whether you have previously been enrolled;
- c. The dates on which you are or were enrolled in Medicare;
- d. YOUR Medicare number.

**INTERROGATORY NO. 16:**

Has any person other than YOU received or sought treatment from Medicare for any reason related to your claims in this case? If so, please state, for each such person:

- a. The name, address, and telephone number;
- b. The person's relation to you (*e.g.* spouse, natural child);
- c. The person's Medicare number;
- d. The inclusive dates of such treatment.

**INTERROGATORY NO. 17:**

Have YOU filed a claim against a bankruptcy trust? If "yes," state for each claim:

- a. The name and address of that trust;
- b. The date YOUR claim was filed;
- c. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory to your answers to interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

# EXHIBIT G

**DEFENDANTS' STANDARD REQUESTS FOR PRODUCTION AND IDENTIFICATION  
OF DOCUMENTS AND THINGS TO PLAINTIFF(S) [SET ONE]**

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PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

Plaintiff(s) above named is/are hereby requested within 30 days after service of the complaint or 10 days prior to the date initially noticed for the deposition of Plaintiff(s), whichever is earlier to identify and produce for inspection and copying the records and things described herein below.

The below described documents are currently in your possession, custody or control, are not privileged, and are relevant to the subject matter of this action or reasonably calculated to lead to the discovery of admissible evidence in this action.

**INSTRUCTIONS**

1. You are requested to produce not only those writings and any indices thereto in your possession, custody or control, but also those writings reasonably available to you, including those in the possession, custody or control of your attorneys, agents, or any other person acting on your behalf.
2. You are requested to produce all writings in the same form and order as they were kept prior to this notice to produce.
3. In the event you are able to produce only some of the writings called for in a particular request, please produce all writings you are able to produce.
4. Your responses must be verified under oath.

**DEFINITIONS**

1. "DOCUMENT" or "WRITING" are defined as in Evidence Code Section 250; and these words refer to all such materials, however produced or reproduced, in your actual or

constructive possession, custody, care or control; and includes, but is not limited to, originals, copies, non-identical copies, and preliminary, intermediate, and final drafts of all writings. Evidence Code Section 250 provides: "Writing means handwriting, typewriting, printing, photostating, photographing, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof." A reference herein to any one or more of these types of writings shall be construed to include all other types of writings without limitation.

2. "YOU" and "YOUR" refers to plaintiff(s), the allegedly injured party, his/her agents, his/her attorneys, and anyone on his/her behalf.

3. "EXPOSED PERSON" means to state the complete name and address of each person whose claimed exposure to asbestos is the basis of this lawsuit.

4. As used herein, the term "MEDICAL TREATMENT FACILITY" means hospitals, dispensaries, laboratories, optometry clinics, psychological clinics, clinics of all other kinds, mental institutions, radiology laboratories, pathology laboratories, rest homes, sanitariums, convalescent homes, and all other institutions, organizations, and facilities wherein are practiced the healing arts.

5. As used herein, the term "MEDICAL PRACTITIONER" refers to all physicians, osteopaths, dentists, chiropractors, nurses, psychiatrists, psychologists, optometrists, physical therapists, and all other persons practicing, or purporting to practice, the healing arts.

### **WRITINGS AND OTHER TANGIBLE ITEMS REQUESTED**

#### **REQUEST FOR PRODUCTION NO. 1:**

All DOCUMENTS and WRITINGS (including photographs) concerning, illustrating, showing or describing any raw asbestos or materials or products containing asbestos that the plaintiff or exposed party allegedly used or to which the EXPOSED PERSON was allegedly exposed.

**REQUEST FOR PRODUCTION NO. 2:**

All DOCUMENTS in plaintiff's possession or under plaintiff's control that identify the retail and wholesale suppliers of the alleged asbestos-containing materials that caused the claimed injuries.

**REQUEST FOR PRODUCTION NO. 3:**

All DOCUMENTS and WRITINGS allegedly concerning, proving or indicating how the EXPOSED PERSON allegedly used the asbestos products and how the EXPOSED PERSON was allegedly exposed to the asbestos products.

**REQUEST FOR PRODUCTION NO. 4:**

All DOCUMENTS AND WRITINGS concerning or constituting communications (written or verbal) to or from any labor union concerning asbestos.

**REQUEST FOR PRODUCTION NO. 5:**

All DOCUMENTS and WRITINGS substantiating an income loss, loss of business, or damages due to the EXPOSED PERSON's physical condition, including W2 forms, wage statements, Social Security records, workers' compensation files, profit and loss statements, and documentation of retirement and/or pension plans.

**REQUEST FOR PRODUCTION NO. 6:**

All containers (*e.g.*, boxes, cans, buckets, sacks, etc.) collected by, under the control or in the possession of the plaintiff evidencing or containing any raw asbestos or materials or products containing asbestos to which the EXPOSED PERSON claims to have been exposed.



**REQUEST FOR PRODUCTION NO. 7:**

Samples of all raw asbestos or materials or products containing asbestos to which the EXPOSED PERSON claims to have been exposed.

**REQUEST FOR PRODUCTION NO. 8:**

All DOCUMENTS and WRITINGS showing the names of employers, locations and jobs that the EXPOSED PERSON worked on, including any personal diaries, work diaries and photographs.

**REQUEST FOR PRODUCTION NO. 9:**

All DOCUMENTS and WRITINGS (*e.g.*, articles, papers and/or notes) collected by, under the control or in the possession of plaintiff that concern health hazards associated with asbestos materials.

**REQUEST FOR PRODUCTION NO. 10:**

Copies of all medical bills incurred due to the EXPOSED PERSON's alleged medical condition(s) that are the subject of this lawsuit.

**REQUEST FOR PRODUCTION NO. 11:**

All DOCUMENTS and WRITINGS representing, recording or referring to any disability pension or disability insurance benefits received by the EXPOSED PERSON or claims/applications by the EXPOSED PERSON for such benefits.

**REQUEST FOR PRODUCTION NO. 12:**

All transcripts of testimony and statements under oath by plaintiff or the EXPOSED PERSON relating to the physical condition of plaintiff or the EXPOSED PERSON.

**REQUEST FOR PRODUCTION NO. 13:**

All DOCUMENTS and WRITINGS arising out of any employment of the EXPOSED PERSON at which the EXPOSED PERSON claims asbestos exposure including but not limited to personnel files, physical examinations, medical clearances and performance reviews.

**REQUEST FOR PRODUCTION NO. 14:**

*(For the spouse of the EXPOSED PERSON only)* Marriage certificate(s) of the spouse of the EXPOSED PERSON in a loss of consortium action.

**REQUEST FOR PRODUCTION NO. 15:**

All DOCUMENTS and WRITINGS collected by, under the control or in the possession of plaintiff that identify the retail and wholesale suppliers of the alleged asbestos-containing materials that caused the claimed injuries.

**REQUEST FOR PRODUCTION NO. 16:**

If the EXPOSED PERSON is or was a proprietor of a business involving sale, use or distribution of asbestos-containing products, provide with respect to said business all purchase orders, purchase receipts, bills of lading, shipping and/or receiving documents, invoices or bills relating to the purchase, sale or use of any asbestos-containing products in the business, canceled checks, check registers, accounts payable ledgers, accounts receivable ledgers, general ledgers, accounting books and papers relating to the business, architectural specifications, books, product brochures or other literature, manuals, catalogs, price lists, reference guides, books or other papers received from suppliers or manufacturers relating to asbestos-containing products, packages or containers of asbestos-containing products.

# EXHIBIT H

**NOTICE OF SERVICE OF PLAINTIFFS' CASE SPECIFIC STANDARD INTERROGATORIES  
TO DEFENDANTS [SET ONE]**

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Plaintiff's case specific standard interrogatories are propounded to each of the following defendants:

The PREMISES, JOBSITES or WORKSITES including, if available, AREAS of IDENTIFIED WORK (collectively referred to as "DESCRIBED SITES") and the time periods for which said defendants are required to answer these interrogatories are:

**DESCRIBED SITES**

**TIME PERIOD**

Plaintiff's counsel certifies that counsel has made a good faith effort to identify the "DESCRIBED SITES" and "TIME PERIOD" listed above by conferring to the extent reasonably possible with the plaintiff(s) and that to the best of counsel's knowledge the information sought has not been previously obtained from the defendant in answer to plaintiff's standard interrogatories to all defendants or the annual supplement thereto.

Dated: \_\_\_\_\_

**PLAINTIFFS' CASE SPECIFIC STANDARD INTERROGATORIES TO DEFENDANTS [SET ONE]**

PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

**PREFACE**

Unless otherwise specifically set forth herein, the DESCRIBED SITE(S) for which you must respond are those listed in PLAINTIFF'S notice sent to you to initiate your responses to these Interrogatories and any other DESCRIBED SITE(S) known to you at which PLAINTIFF was exposed to asbestos.

Any information provided by any DEFENDANT in answer to General Order Interrogatories need not be repeated in answer to these follow-up interrogatories, except that a DEFENDANT must provide more specific information which is responsive to a specific designation of a DESCRIBED SITE if not included in previous answers. (Thus, for example, a DEFENDANT which has responded to the Standard Interrogatories regarding a particular facility in general must provide such information as it has regarding the particular unit in the facility identified as a PLAINTIFF'S DESCRIBED SITE.)

Hospitals and other health care entity defendants shall provide responses related only to that defendant's physical facilities and shall not be required to disclose any information related to the furnishing of services to patients.

**DEFINITIONS**

1. "AREA(S)" or "IDENTIFIED WORK" means the contract or subcontract, specific structure, building, building number, floor of the building, ship, process line, unit, piece of equipment or other specific place within each WORKSITE and PREMISES where PLAINTIFF worked and/or where the PLAINTIFF was exposed and/or the location that was the source of that exposure.

2. "ASBESTOS-CONTAINING PRODUCT(S)" shall mean a product(s) which this defendant knows or believes to have contained any amount of the mineral asbestos at any time.

3. "COMPANY" means any private enterprise including corporations, partnerships, joint ventures, and sole proprietorships.

4. A "CONTRACT UNIT" shall mean a branch, division, subsidiary or other affiliated entity of a DEFENDANT which has been or is now engaged in installation, disturbing or handling and/or removal of RAW ASBESTOS and/or ASBESTOS-CONTAINING PRODUCTS.

5. "DESCRIBED SITES" means the PREMISES, JOBSITES, or WORKSITES, including, if available, AREAS of IDENTIFIED WORK.

6. "DOCUMENT(S)" or "WRITING(S)" shall include all writings as defined by Section 250 of the California Evidence Code.

7. "GEOGRAPHIC AREA" means the 46 counties of Northern California (Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Kern, Kings, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba) and military facilities/installations in the State of California, or the following shipyards: Bethlehem Shipbuilding, San Pedro; California Shipbuilding, Terminal Island; Consolidated Steel Shipyard, Wilmington; Los Angeles Shipbuilding and Dry Dock aka L.A. Ship, San Pedro; National Steel and Shipbuilding Corporation, San Diego; Todd Shipyards Corporation, San Pedro; Triple "A" Machine, San Diego; Western Pipe and Steel Company, Los Angeles and San Pedro Divisions; Naval Air Station, North Island; Thirty-second Street Naval Repair Facility, San Diego; Long Beach Naval Shipyard; and San Diego Destroyer Base.

8. Request to IDENTIFY a "WRITING" or "DOCUMENT" or study shall mean a request to either attach such an exhibit to your answers to these Interrogatories, or to describe

such with sufficient particularity that it may be made the subject of a request for production of documents. YOUR description should include an indication of: (a) the author; (b) addressee(s); (c) date of origin; (d) the nature of the writing or document (e.g., letter, telephone memorandum, audio tape recording, photograph, etc.); and (e) its present location, name and present address of custodian thereof.

9. A request to “IDENTIFY” an oral communication shall mean a request to describe the communication with particularity, and shall include the following information; (a) the identity of all parties to the communication; (b) the identity of the person whom you contend initiated the communication; (c) the identity of all persons present at the time of the communication; and (d) the time, date and place of the communication.

10. A request to “IDENTIFY” or to state the “IDENTITY” of a person or individual means to state his or her name, the place of employment, job title, present business or present or last known home address, years of employment and last known telephone number if not employed by DEFENDANT.

11. A request to “IDENTIFY” the product shall mean a request to describe the product, the material or compound by the following means: (1) by nickname or slang name used in your industry and/or occupation; (2) by the name under which it is sold in the marketplace (trade name); and (3) by its generic name.

12. “JOBSITE(S)” or “WORKSITE(S)” means any location other than a PREMISES at which PLAINTIFF claims exposure to asbestos.

13. “MARKET” (MARKETing, MARKETed) shall mean the mining, supply, sale, labeling, distribution, importing, processing or manufacture of RAW ASBESTOS and/or ASBESTOS-CONTAINING PRODUCT(S).

14. A request to describe the “NATURE” of a product means to describe the: (a) color; (b) texture; (c) form (i.e., powder, liquid, paste, solid, board, cloth, blanket, wire insulation, etc.); (d) physical dimensions, if solid (length, width and height); (e) the type of shipping package and shipping package dimensions if not solid; (f) type of asbestos fiber used in

the composition of the product (e.g., chrysotile, amosite, crocidolite); (g) the intended use or function of such product as recommended by this DEFENDANT as the miner, producer, supplier, contractor, manufacturer, distributor, owner or seller; and (h) the type of worksite in which it was intended to be used (e.g., shipyard, refinery, commercial building construction, manufacturing plant, home, power generating plant, etc.).

15. "PREMISES" includes, but is not limited to, buildings, refinery facilities, boilers, generators, tract housing, commercial buildings and other such structures.

16. "RAW ASBESTOS" means asbestos fiber mined or milled, either packaged or in bulk, not compounded with other substances and essentially pure with the exception of naturally occurring trace amounts of other substances.

17. "THIS DEFENDANT" (or "DEFENDANT") shall mean the named defendant herein, all of its divisions, alternate entities, predecessors in interest, and successors in interest.

18. "YOU" and "YOUR" refer to the DEFENDANT who is named above as responding party.

### **INTERROGATORIES**

#### **INTERROGATORY NO. 1: (For Contractor Defendants Only)**

Did this DEFENDANT install, remove, disturb or handle or contract to have others do work which involved the installation, removal, disturbing or handling of RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at any DESCRIBED SITE? If so,

a. IDENTIFY every contract to which YOU were a party or to which any of YOUR contractor(s) or subcontractor(s) were parties (regardless of the degree of removal) involving work at the DESCRIBED SITE at or before the time designated in the notice. For each such contract:

1. IDENTIFY the parties to the contract;



2. Provide a description of the work to be performed by each party to the contract and a description of the DESCRIBED SITE where work was to be performed under the contract;

3. IDENTIFY and describe the NATURE of the RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS installed, removed, disturbed or handled in the performance of the contract;

4. IDENTIFY the person or entity from which the RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS were obtained;

5. State the dates of the contract and the dates of performance;

6. IDENTIFY all records which identify persons who worked at the DESCRIBED SITE.

b. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

c. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.

**INTERROGATORY No. 2: (To Manufacturer Or Distributor Defendants Only)**

Were any of THIS DEFENDANT'S RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS sold, shipped, MARKETED, or otherwise distributed either to or for use at the DESCRIBED SITES at or before the time designated in the notice? If so:

a. IDENTIFY and state the NATURE and quantity of the RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS;

b. IDENTIFY to whom said RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS were sold;

c. IDENTIFY to whom said RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS were shipped;

d. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

e. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.

**INTERROGATORY NO. 3: (For Premises Defendants Only)**

Did YOU install, remove, handle or disturb RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at any DESCRIBED SITE at or before the time designated in the notice? If so:

a. IDENTIFY the PREMISES.

b. For each of the PREMISES:

1. State the nature of your ownership or possessory interest;
2. State the inclusive date of that interest;
3. IDENTIFY the party from whom that interest was acquired;
4. IDENTIFY the party, if any, to whom that interest was transferred.

c. IDENTIFY every contract to which YOU were a party or of which YOU have knowledge wherein the performance of such contract involved the installation, removal, disturbing or handling of any RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS at YOUR PREMISES. For each such contract:

1. IDENTIFY the parties to the contract;
2. Provide a general description of the work to be performed by each party to the contract;

3. IDENTIFY and describe the NATURE of the RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS installed, removed, disturbed or handled in the performance of the contract;

4. State the dates of the contract and the dates of performance;

d. Except as provided in response to subpart (C), has any work other than routine maintenance been done on or to the PREMISES that involved the installation, removal, disturbing or handling of RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS? If so, for each such instance:

1. State the inclusive dates of the work;

2. State the specific location of the work;

3. Provide a general description of the work;

4. State whether the work was done by YOU or YOUR employees;

5. IDENTIFY and describe the NATURE of the RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS installed, removed, handled or disturbed;

6. IDENTIFY from whom the RAW ASBESTOS OR ASBESTOS-CONTAINING PRODUCTS were acquired.

e. Has any asbestos abatement effort been made at the DESCRIBED SITES? If so, for each such effort:

1. IDENTIFY who did the work;

2. State the inclusive dates thereof;

3. State whether samples were taken, and, if the samples still exist,

IDENTIFY the custodian of the samples;

4. State whether any material was tested, and, if so, what were the results of each test;

5. IDENTIFY each test result with sufficient particularity for purposes of a request for production of documents, or, in the alternative, attach a copy to YOUR answers to these interrogatories.

f. Except for insurance coverage litigation, have you filed suit against, or otherwise sought to recover from, any person or entity for some or all of the cost of asbestos abatement or for the property damage allegedly caused by the presence of RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS on the PREMISES? If so:

1. IDENTIFY the person or entity against whom YOU have filed suit or otherwise sought to recover;
2. If YOU have filed suit, state the court in which the action was filed, the date on which it was filed, IDENTIFY all Plaintiffs and Defendants and their counsel of record;
3. State whether or not the case has been resolved, and, if so, what was the status or disposition.

g. Either attach all DOCUMENTS, or disks containing such data, evidencing the information sought in this Interrogatory and its subparts to your answers to these Interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

h. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.

**INTERROGATORY NO. 4: (Premises And Contractor Defendants Only)**

At or before the time designated in the notice, did YOU require PLAINTIFF to wear a respirator or face mask? If so:

- a. IDENTIFY the individual(s) who communicated this requirement to the PLAINTIFF;
- b. State the date(s) this requirement was first communicated to the PLAINTIFF;
- c. State the means by which this requirement was communicated;
- d. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories,

or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.

**INTERROGATORY NO. 5: (Premises Defendants Only)**

Did YOU supply contractor or subcontractors with any tools or equipment to be used by contractors or subcontractors (or their employees) working in the AREA where the PLAINTIFF worked at the DESCRIBED SITES during the installation, removal, handling or disturbing of RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS? If so, for each occasion:

- a. Describe the tools or equipment supplied;
- b. IDENTIFY to whom the tools or equipment were supplied;
- c. State the inclusive dates;
- d. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.
- e. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.

**INTERROGATORY NO. 6:**

Was air sampling ever conducted at any of the DESCRIBED SITES in which YOU had an ownership or possessory interest or where YOU performed services or where YOUR products were installed? If so, for each occasion:

- a. Describe why the sampling was conducted;
- b. Describe the results thereof;
- c. Set forth the dates on which said samplings were performed;

- d. Describe the location or locations within the DESCRIBE SITE where the samplings were obtained;
- e. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.
- f. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 7:**

At any time during or after the time designated in the notice, was bulk sampling conducted at any of the DESCRIBED SITES in which you had an ownership or possessor interest? If so:

- a. Describe why the sampling was conducted;
- b. Describe the results thereof;
- c. Set forth the dates on which such samplings were performed;
- d. Describe the location or locations within the DESCRIBED SITE where the samplings were obtained;
- e. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.
- f. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 8: (*Premises And Contractor Defendants Only*)**

For each instance that work was performed by contractors or subcontractors at any of the DESCRIBED SITES involving the installation, the disturbing, handling or removal of RAW ASBESTOS or ASBESTOS-CONTAINING PRODUCTS, state what measures, if any, were taken by YOU or YOUR employees to provide a safe working environment as regards asbestos exposure in the AREAS where the PLAINTIFF worked at the designated times.

- a. IDENTIFY the person(s) presently most knowledgeable about the information sought in this interrogatory or its subparts.
- b. Either attach all DOCUMENTS, or discs containing such data, evidencing the information sought in this interrogatory and its subparts to your answer to these interrogatories, or describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

**INTERROGATORY NO. 9:**

IDENTIFY each person who prepared or assisted in the preparation of the responses to these interrogatories. (*Do not identify anyone who simply typed or reproduced the responses.*)

**INTERROGATORY NO. 10:**

If any person YOU have identified in YOUR answers to these interrogatories has had his or her deposition taken, IDENTIFY the deposition by the name of the deponent, the date the deposition was taken, the caption and number of the action in which it was taken, the court which had jurisdiction over the action in which it was taken (including state and county), and either the name and address of the court reporting agency which took the deposition or the name and address of deponent's counsel of record.

# EXHIBITS

I-1 – I-13



EXHIBIT I - 1

AUTHORIZATION FOR MEDICAL RECORDS

**HIPAA COMPLIANT AUTHORIZATION FOR MEDICAL RECORDS PURSUANT TO 45 CFR 164.508**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to and/or permit inspection and copying by RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607, or their representatives, any and all medical information including but not limited to charts, records, reports, histories, laboratory studies, notes, x-rays and/or outpatient records, all chest x-rays, CT scans, cytology, pathology (including all slides and paraffin blocks) and PFT data and printouts pertaining to: Patient Name: \_\_\_\_\_;  
Date of Birth \_\_\_\_\_; Social Security Number: \_\_\_\_\_; for purposes of review, evaluation and evidence in connection with a lawsuit filed on \_\_\_\_\_.

I acknowledge the right to revoke this authorization by writing to the ROA Agent at RecordTrak at 130 Webster Street, Suite # 100, Oakland, CA 94607. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I acknowledge the potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer be protected under 45 CFR 164.508.

I understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

This authorization is given in compliance with the Federal Confidentiality Law (21 U.S.C. Section 1175, 42 CFR Subsection 2.1-2.67.1 and Health & Safety Code Section 199.21(g) and California Civil Code Section 56, et seq.) and specifically allows you to release alcohol, drug, psychiatric, sickle cell anemia information and/or HIV test results which are not unequivocally negative.

This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. Section 552a(b)) and the California Confidentiality of Medical Information Act (Civil Code Section 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived. A photocopy of this authorization shall be valid as the original.

This authorization is effective immediately and shall remain in effect for one year. I understand that I have a right to receive a copy of this authorization upon request.

Copy requested and received: [ ] Yes [ ] No Initials: \_\_\_\_\_

It is also my understanding that RECORDTRAK is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference, or a motion for preference has been filed, the first look is 7 days.

Dated: \_\_\_\_\_

The language of this authorization has been authorized by San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed Motion.

EXHIBIT I - 2

AUTHORIZATION FOR MEDICAL BILLS

**HIPAA COMPLIANT AUTHORIZATION FOR BILLING RECORDS PURSUANT TO 45 CFR 164.508**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to and/or permit inspection and copying by RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607, or their representatives, in connection with a legal claim, the following information for any time whatsoever pertaining to the following patient for purposes of review, evaluation and evidence in connection with a lawsuit filed on \_\_\_\_\_. Patient Name: \_\_\_\_\_; Date of Birth \_\_\_\_\_; Social Security Number: \_\_\_\_\_.

**As used in this Authorization, "DOCUMENTS" means a writing, as defined in evidence Code Section 250, and includes the original or a copy without limitation of every kind of written, printed, typed, recorded, or graphic matter, however produced or reproduced, including but not limited to notes, forms, claims, memoranda, briefs, summaries, charts, medical records, transcripts and correspondence concerning or relating to the individual referenced above.**

- Any and all billing records and statements which relate or pertain to any treatment, service, payment, credit, adjustment, or transaction of any type.
- Any and all documents reflecting payments made by Medicare, MediCal, Medicaid and/or any other medical insurance.
- Any and all documents reflecting any payments made by the patient on his/her own behalf.
- Any and all documents reflecting the medical charges to date and the current balance of the account.
- Any and all documents reflecting the total cost of each of the patient's medical treatments at the said facility, and the breakdown of the amount actually paid by and/or due from each payee, including but not limited to the patient, Medicare, MediCal, Medicaid and/or any other medical insurance.
- Any and all documents showing the amount discounted/reduced by your facility or its contracting agency from the total medical charges.
- Any and all contracts between Medicare, MediCal, Medicaid and your facility or contracting agency, physicians, employees and/or any other agents or representatives of your facility.
- Any and all documents contained in completed UB-92 or HFCA 1500 forms, such as ICD-9 diagnosis and procedure codes, including any E-codes, CPT codes, and DRG codes. Payment documentation should include explanations of reviews and/or explanations of benefit forms detailing the payments accepted for services provided to the patient.
- Any and all documents entitled CMS or Medicare Summary Notice.

This authorization is given in compliance with the Federal Confidentiality Law (21 U.S.C. Section 1175, 42 CFR Subsection 2.1-2.67.1 and Health and Safety Code Section 199.21(g) and California Civil Code Section 56 et seq.) and specifically allows you to release alcohol, drug, psychiatric, sickle cell anemia information and/or HIV test results which are not unequivocally negative. This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. {552 a(b)}) and the California Confidentiality of Medical Information Act (C.C. Subsection 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived. This authorization is effective immediately and shall remain in effect for 1 year. I understand that I have a right to receive a copy of this authorization upon request. Copy requested and received:  Yes  No Initials: \_\_\_\_\_

It is also my understanding that RECORDTRAK is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference, or a motion for preference has been filed, the first look is 7 days.

I acknowledge the right to revoke this authorization by notifying the record custodian in writing at the facility identified above of my desire to revoke it. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer be protected under 45 CFR 164.508.

I understand that the covered entity to which this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The language of this authorization has been authorized by San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed Motion.

EXHIBIT I - 3

AUTHORIZATION FOR EMPLOYMENT RECORDS

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to and/or permit inspection and copying by RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607, or their representatives, any and all employment records including but not limited to employment applications, personnel files, job descriptions and assignments, performance evaluations, attendance records, correspondence, wage and salary information, medical records and medical bills, accident reports, compensation and disability claims, insurance coverage information, pension records, and any and all employee benefits pertaining to \_\_\_\_\_; Date of Birth \_\_\_\_\_; Social Security Number: \_\_\_\_\_; for purposes of review, evaluation and evidence in connection with a lawsuit filed \_\_\_\_\_.

This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. Section 552a(b)) and to the extent applicable, the California Confidentiality of Medical Information Act (Civil Code Section 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived.

A photocopy of this authorization shall be valid as the original. This authorization is effective immediately and shall remain in effect for one year.

I understand that I have a right to receive a copy of this authorization upon request.

Copy requested and received:       Yes       No      Initials: \_\_\_\_\_

It is also my understanding that RECORDTRAK is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference, or a motion for preference has been filed, the first look is 7 days.

Date: \_\_\_\_\_

The language of this authorization has been authorized by San Francisco Superior Court. No alteration or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

EXHIBIT I - 4

AUTHORIZATION FOR UNION/HEALTH & WELFARE RECORDS

**AUTHORIZATION FOR RELEASE OF UNION/HEALTH & WELFARE RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to and/or permit inspection and copying by RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607, or their representatives, any and all union records including but not limited to union dues statements, membership records, dispatch slips, employers and employment sites, beneficiary records, health and welfare trust records, pension records, accident reports, compensation and disability claims, medical records and medical bills, union literature regarding health and safety procedures and writings reflecting meetings on health and safety issues pertaining to \_\_\_\_\_; Date of Birth \_\_\_\_\_; Social Security Number: \_\_\_\_\_; for purposes of review, evaluation and evidence in connection with a lawsuit filed \_\_\_\_\_.

This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. Section 552a(b)) and to the extent applicable, the California Confidentiality of Medical Information Act (Civil Code Section 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived. A photocopy of this authorization shall be valid as the original.

This authorization is effective immediately and shall remain in effect for one year.

I understand that I have a right to receive a copy of this authorization upon request.

Copy requested and received:       Yes       No      Initials: \_\_\_\_\_

It is also my understanding that RECORDTRAK is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference, or a motion for preference has been filed, the first look is 7 days.

Date: \_\_\_\_\_

The language of this authorization has been authorized by San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

\_\_\_\_\_



EXHIBIT I - 5

AUTHORIZATION FOR DEATH CERTIFICATE

**AUTHORIZATION FOR RELEASE OF DEATH CERTIFICATE**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to and/or permit inspection and copying by RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607, or their representatives, the **Death Certificate** pertaining to \_\_\_\_\_; Date of Birth \_\_\_\_\_; Date of Death \_\_\_\_\_; Social Security Number: \_\_\_\_\_; for purposes of review, evaluation and evidence in connection with a lawsuit filed \_\_\_\_\_.

This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. Section 552a(b)) and to the extent applicable, the California Confidentiality of Medical Information Act (Civil Code Section 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived. A photocopy of this authorization shall be valid as the original.

This authorization is effective immediately and shall remain in effect for one year.

I understand that I have a right to receive a copy of this authorization upon request.

Copy requested and received:       Yes       No      Initials: \_\_\_\_\_

It is also my understanding that RECORDTRAK is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference, or a motion for preference has been filed, the first look is 7 days.

Date: \_\_\_\_\_

The language of this authorization has been authorized by San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

\_\_\_\_\_

EXHIBIT I - 6

AUTHORIZATION FOR FUNERAL RECORDS

**AUTHORIZATION FOR RELEASE OF FUNERAL RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to release to and/or permit inspection and copying by RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607, or their representatives, any and all **Funeral records** pertaining to:  
\_\_\_\_\_; Date of Birth \_\_\_\_\_;  
Date of Death \_\_\_\_\_; Social Security Number: \_\_\_\_\_; for purposes of review, evaluation and evidence in connection with a lawsuit filed \_\_\_\_\_.

This authorization is given in compliance with the Federal Privacy Act (5 U.S.C. Section 552a(b)) and to the extent applicable, the California Confidentiality of Medical Information Act (Civil Code Section 56.10, et seq.), the restrictions of which have been specifically considered and are hereby expressly waived. A photocopy of this authorization shall be valid as the original.

This authorization is effective immediately and shall remain in effect for one year.

I understand that I have a right to receive a copy of this authorization upon request.  
Copy requested and received:       Yes       No      Initials: \_\_\_\_\_

It is also my understanding that RECORDTRAK is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference, or a motion for preference has been filed, the first look is 7 days.

Date: \_\_\_\_\_

The language of this authorization has been authorized by San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

\_\_\_\_\_

EXHIBIT I - 7

AUTHORIZATION FOR SOCIAL SECURITY EARNINGS RECORDS

## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name:                     Middle Initial:

Last Name:

Social Security Number (SSN)    -   -     One SSN per request

Date of Death:   /   /     Date of Birth:   /   /

Other Name(s) Used  
(Include Maiden Name)

2. What kind of earnings information do you need? (Choose **ONE** of the following types of earnings or SSA must return this request.)

**Itemized Statement of Earnings \$102**

(Includes the names and addresses of employers)

If you check this box, tell us why you need this information below.

Litigation

Year(s) Requested:     to

Year(s) Requested:     to

Check this box if you want the earnings information **CERTIFIED** for an additional \$32.00 fee.

**Certified Yearly Totals of Earnings \$32**

(Does not include the names and addresses of employers)  
Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

Year(s) Requested:     to

Year(s) Requested:     to

3. If you would like this information sent to someone else, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name **RECORDTRAK**

Address **130 WEBSTER STREET, SUITE 100**

State **CA**

City **OAKLAND**

ZIP Code **94607**

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

**Signature of individual or legal guardian**

SSA must receive this form within 60 days from the date signed

Date:   /   /

Relationship (if applicable, you must attach proof)

Daytime Phone:

Address

State

City

ZIP Code

Witnesses must sign this form ONLY if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)

EXHIBIT I - 8

AUTHORIZATION FOR SOCIAL SECURITY DISABILITY RECORDS

**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (*\*signifies a required field*).

**TO: Social Security Administration**

**\*My Full Name**

**\*My Date of Birth  
(MM/DD/YYYY)**

**\*My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

**\*NAME OF PERSON OR ORGANIZATION:**

**\*ADDRESS OF PERSON OR ORGANIZATION:**

RECORDTRAK

130 WEBSTER STREET, SUITE 100

\*SEE BELOW

OAKLAND, CA 94607

**\*I want this information released because:**

We may charge a fee to release information for non-program purposes.

This authorization is effective immediately and shall remain in effect for one year. RecordTrak is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference or a motion for preference has been filed, the first look is 7 days. The language of this authorization has been authorized by the San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

**\*Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

- 1.  Social Security Number
- 2.  Current monthly Social Security benefit amount
- 3.  Current monthly Supplemental Security Income payment amount
- 4.  My benefit or payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
- 5.  My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
- 6.  Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

- 7.  Complete medical records from my claims folder(s)
- 8.  Other record(s) from my file (**you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire**)

Any and all medical records, applications, questionnaires, consultative examinations, reports, determinations, etc.

**I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.**

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**Relationship (if not the subject of the record):** \_\_\_\_\_ **\*Daytime Phone:** \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

|   |   |
|---|---|
| 1. Signature of witness                               | 2. Signature of witness                               |
| Address(Number and street, City, State, and Zip Code) | Address(Number and street, City, State, and Zip Code) |



EXHIBIT I - 9

STIPULATION FOR MILITARY RECORDS

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**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO**

No. \_\_\_\_\_

STIPULATION RE RELEASE OF RECORDS AND ORDER

Plaintiff (s),

vs.

Defendant(s) /

Plaintiff above named and all defendants do hereby stipulate and agree to entry of an order of this Court compelling release of all records in the possession, custody and/ or control of the Custodian of Records, National Personnel Records Center, St. Louis, Missouri, including but not limited to, medical, employment, workers' compensation and military records pertaining to: \_\_\_\_\_; Place of Birth: \_\_\_\_\_; Employed at: \_\_\_\_\_; from: \_\_\_\_\_; Government Serial No.: \_\_\_\_\_; Branch of Military Service: \_\_\_\_\_; from: \_\_\_\_\_; Military Serial Number: \_\_\_\_\_.

The Federal Privacy Act has been specifically considered in entering this stipulation.

It is further stipulated that all records be released directly to RECORDTRAK, 130 WEBSTER STREET, Suite 100, Oakland, CA 94607 for copying, without the necessity of a formal motion and that **RECORDTRAK** is required by court order to send any records they obtain to plaintiff's counsel for a 21 day first look before sending them to any defendant. If the

**BERRY & BERRY**  
A Professional Law Corporation  
2930 Lakeshore Avenue  
Oakland, California 94610  
Telephone: (510) 250-0200

1 preliminary fact sheet indicates plaintiff will seek trial preference, or in cases where a motion  
2 has been filed, the first look is 7 days.

3  
4 Dated: \_\_\_\_\_ By \_\_\_\_\_  
5 Attorney for Plaintiff

6  
7 Dated: \_\_\_\_\_ BERRY & BERRY  
8 A Professional Corporation

9  
10 By \_\_\_\_\_  
11 Evanthia M. Spanos, Esq.  
12 Designated Defense Counsel

13 **ORDER**

14 IT IS HEREBY ORDERED that the custodian of Records, National Personnel Records  
15 Center, St. Louis, Missouri, produce all records in his possession, custody and/or control  
16 pertaining to \_\_\_\_\_, including but not limited to, medical,  
17 employment, and Workers' Compensation records, all pursuant to 5 U.S.C. Section 522a(b)11.  
18 The Federal Privacy Act has been specifically considered in ordering the release of these records  
19 and this order is made pursuant to that Act.

20 IT IS FURTHER ORDERED that the records be released directly to **RECORDTRAK**, and that  
21 the copies of any records received will be provided to plaintiff's counsel for a 21 day first look  
22 before sending them to any defendant. If the preliminary fact sheet indicates plaintiff will seek  
23 trial preference, or in cases where a motion for preference has been filed, the first look is 7  
24 days.

25  
26 Dated: \_\_\_\_\_  
27 Judge of the Superior Court

28 The language of this stipulation has been authorized by the San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

EXHIBIT I – 10

AUTHORIZATION FOR MILITARY RECORDS

# REQUEST PERTAINING TO MILITARY RECORDS

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>\*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

|   |                   |                        |                  |  |          |   |
|---|-------------------|------------------------|------------------|--|----------|---|
| 1. NAME USED DURING SERVICE (last, first, and middle)   |                   | 2. SOCIAL SECURITY NO. | 3. DATE OF BIRTH | 4. PLACE OF BIRTH  |          |   |
| 5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)          |                   |                        |                  |  |          |   |
|   | BRANCH OF SERVICE | DATE ENTERED           | DATE RELEASED    | OFFICER  | ENLISTED | SERVICE NUMBER<br>(If unknown, write "unknown") |
| a. ACTIVE COMPONENT   |                   |                        |                  |  |          |   |
| b. RESERVE COMPONENT  |                   |                        |                  |  |          |   |
| c. NATIONAL GUARD   |                   |                        |                  |  |          |   |
| 6. IS THIS PERSON DECEASED? If "YES" enter the date of death.<br><input type="checkbox"/> NO <input type="checkbox"/> YES |                   |                        |                  | 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?<br><input type="checkbox"/> NO <input type="checkbox"/> YES |          |   |

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): \_\_\_\_\_  
If more than one period of service was performed, even in the same branch, there may be more than one DD214.  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.  
**An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.**   
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: \_\_\_\_\_
- Other (Specify):** Disability Records

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits  Employment  VA Loan Programs  Medical  Genealogy  Correction  Personal
- Other, explain: **LEGAL**

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran: \_\_\_\_\_ (Relationship)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) \_\_\_\_\_

**MUST HAVE PROOF OF DEATH** - See item 2a on instruction sheet.

2. **SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 4 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

### RECORDTRAK

Name  
130 WEBSTER STREET, SUITE 100  
Street Apt. #  
OAKLAND, CA 94607  
City State Zip Code

Signature Required - Do not print Date  
( ) ( )  
Daytime phone Fax Number  
Email address

EXHIBIT I - 11

AUTHORIZATION FOR MEDICAL RECORDS FROM MILITARY  
FACILITIES

## AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

### PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

### SECTION I - PATIENT DATA

|  |  |                                    |
|--|--|------------------------------------|
| 1. NAME (Last, First, Middle Initial)        | 2. DATE OF BIRTH (YYYYMMDD)              | 3. SOCIAL SECURITY NUMBER          |
| 4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD) | 5. TYPE OF TREATMENT (X one)             |                                    |
|  | <input type="checkbox"/> OUTPATIENT      | <input type="checkbox"/> INPATIENT |
|  | <input checked="" type="checkbox"/> BOTH |                                    |

### SECTION II - DISCLOSURE

6. I AUTHORIZE \_\_\_\_\_ TO RELEASE MY PATIENT INFORMATION TO:  
(Name of Facility/TRICARE Health Plan)

|  |   |
|--|---|
| a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN<br><br>RECORDTRAK | b. ADDRESS (Street, City, State and ZIP Code)<br>130 Webster Street, Suite 100<br>Oakland, CA 94607 |
| c. TELEPHONE (Include Area Code) (510) 465-3200                          | d. FAX (Include Area Code) (510) 465-3652   |

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)

|                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> PERSONAL USE | <input type="checkbox"/> CONTINUED MEDICAL CARE | <input type="checkbox"/> SCHOOL           | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> INSURANCE    | <input type="checkbox"/> RETIREMENT/SEPARATION  | <input checked="" type="checkbox"/> LEGAL |  |

8. INFORMATION TO BE RELEASED  
 All medical records, films, pathology and/or cytology materials, billing and payment information, Medicare & Medical payments from \_\_\_\_\_ to \_\_\_\_\_

|  |   |
|--|---|
| 9. AUTHORIZATION START DATE (YYYYMMDD) | 10. AUTHORIZATION EXPIRATION  |
|  | <input type="checkbox"/> DATE (YYYYMMDD) <input checked="" type="checkbox"/> ACTION COMPLETED |

### SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

|  |   |                     |
|--|---|---------------------|
| 11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE | 12. RELATIONSHIP TO PATIENT<br><small>(If applicable)</small> | 13. DATE (YYYYMMDD) |
|--|---|---------------------|

### SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

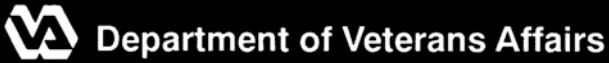
|  |                             |                     |
|--|-----------------------------|---------------------|
| 14. X IF APPLICABLE:<br><input type="checkbox"/> AUTHORIZATION REVOKED | 15. REVOCATION COMPLETED BY | 16. DATE (YYYYMMDD) |
|--|-----------------------------|---------------------|

|  |   |
|--|---|
| 17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE | SPONSOR NAME:<br>SPONSOR RANK:<br>FMP/SPONSOR SSN:<br>BRANCH OF SERVICE:<br>PHONE NUMBER: |
|--|---|

EXHIBIT I – 12

AUTHORIZATION FOR VETERAN'S MEDICAL RECORDS





**REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION**

**Privacy Act and Paperwork Reduction Act Information:** The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.**

|   |  |
|---|--|
| TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility) | PATIENT NAME (Last, First, Middle Initial) |
|   |  |
|   | SOCIAL SECURITY NUMBER                     |
|   |  |

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

RECORDTRAK, 130 WEBSTER STREET, #100, OAKLAND, CA 94607  
PHONE: (800) 220-3200 FAX: (510) 465-3200

**VETERAN'S REQUEST:** I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE     ALCOHOLISM OR ALCOHOL ABUSE     TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)     SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

COPY OF HOSPITAL SUMMARY     COPY OF OUTPATIENT TREATMENT NOTE(S)     OTHER (Specify)

Include all medical records, films, pathology and/or cytology materials, paraffin blocks and slides, billing and payment information, Medicare & MediCal payments from \_\_\_\_\_ to \_\_\_\_\_.

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

ASBESTOS LITIGATION

**NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM**

**AUTHORIZATION:** I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on  (date supplied by patient); (3) under the following condition(s):

This authorization is effective immediately and shall remain in effect for one year. RecordTrak is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference or a motion for preference has been filed, the first look is 7 days. The language of this authorization has been authorized by the San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

**I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.**

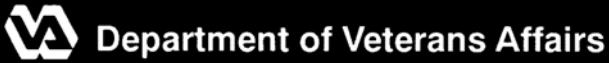
|                   |   |
|-------------------|---|
| DATE (mm/dd/yyyy) | SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA) |
|                   |   |

**FOR VA USE ONLY**

|  |                                      |             |
|--|--------------------------------------|-------------|
| IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number) | TYPE AND EXTENT OF MATERIAL RELEASED |             |
|  | DATE RELEASED                        | RELEASED BY |
|  |                                      |             |

EXHIBIT I - 13

AUTHORIZATIONS FOR VETERAN'S DISABILITY CLAIMS  
RECORDS



**REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION**

**Privacy Act and Paperwork Reduction Act Information:** The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.**

|   |  |
|---|--|
| TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)<br><br> | PATIENT NAME (Last, First, Middle Initial)<br><input type="text"/> |
|   | SOCIAL SECURITY NUMBER<br><input type="text"/>                     |

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

RECORDTRAK, 130 WEBSTER STREET, #100, OAKLAND, CA 94607  
 PHONE: (800) 220-3200 FAX: (510) 465-3200

**VETERAN'S REQUEST:** I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE     ALCOHOLISM OR ALCOHOL ABUSE     TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)     SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

COPY OF HOSPITAL SUMMARY     COPY OF OUTPATIENT TREATMENT NOTE(S)     OTHER (Specify)

Any and all records including but not limited to disability claims, medical records & bills, pension records, veteran benefits, Medicare & MediCal payments, reimbursements & inquiries.

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

ASBESTOS LITIGATION

**NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM**

**AUTHORIZATION:** I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on  (date supplied by patient); (3) under the following condition(s):

This authorization is effective immediately and shall remain in effect for one year. RecordTrak is required by court order to provide my attorneys with copies of my records for a 21 day first look before sending them to any defendant involved in my asbestos case. If the preliminary fact sheet indicates plaintiff will seek trial preference or a motion for preference has been filed, the first look is 7 days. The language of this authorization has been authorized by the San Francisco Superior Court. No alteration of or deletion to this form may be made by plaintiff or plaintiff's attorney without order of the San Francisco Superior Court on noticed motion.

**I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.**

|   |   |
|---|---|
| DATE (mm/dd/yyyy)<br><input type="text"/> | SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)<br> |
|---|---|

**FOR VA USE ONLY**

|  |                                      |             |
|--|--------------------------------------|-------------|
| IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number) | TYPE AND EXTENT OF MATERIAL RELEASED |             |
|  | DATE RELEASED                        | RELEASED BY |

1 EVANTHIA SPANOS, ESQ., CSB NO. 111178  
EvanthiaS@BerryandBerry.com  
2 BERRY & BERRY  
A PROFESSIONAL CORPORATION  
3 2930 Lakeshore Avenue  
Oakland, CA 94610  
4 Telephone: (510) 250-0200  
5 Designated Defense Counsel

**FILED**  
Superior Court of California  
County of San Francisco

JAN 16 2014

CLERK OF THE COURT  
BY: Andrey Jimenez  
Deputy Clerk

8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
9 **COUNTY OF SAN FRANCISCO**

11 IN RE COMPLEX ASBESTOS LITIGATION

CASE NO. CGC-84-828684

**ORDER OF CLERICAL CORRECTION TO  
EXHIBIT I-7 TO THE JUNE 29, 2012  
ASBESTOS CASE MANAGEMENT ORDER**

15 The Court hereby orders replacement of **EXHIBIT I-7** to the **IN RE COMPLEX ASBESTOS**  
16 **LITIGATION CASE MANAGEMENT ORDER** dated **June 29, 2012**. This corrected exhibit is  
17 attached. Designated Defense Counsel will electronically serve all counsel with the notice and the  
18 attachment.

19 **IT IS HEREBY ORDERED.**

22 Dated: 1/16/14

Teri L. Jackson  
23 HONORABLE TERI L. JACKSON  
24 Judge of the San Francisco Superior Court