# Exhibit B

Questionnaire

### IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:	) Chapter 11
W. R. GRACE & CO., et al.,	)
<del>_</del>	) Jointly Administered
Debtors.	)
	)

# W. R. Grace Asbestos Personal Injury Proof of Claim/Questionnaire

YOU HAVE RECEIVED THIS PROOF OF CLAIM/QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MAY BE FOREVER BARRED FROM ASSERTING OR RECEIVING PAYMENT ON ACCOUNT OF YOUR CLAIM UNLESS YOU COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY [DATE] TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT THE FOLLOWING ADDRESS:

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY 201 S. LYNDALE AVE. FARIBAULT, MN 55021

(IF SENT BY U.S. MAIL)

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY P.O. BOX 1620 FARIBAULT, MN 55021

(IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE)

THE ASSESSMENT OF GRACE'S LIABILITY FOR ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS, BY THE BANKRUPTCY COURT, WILL UTILIZE, AND ULTIMATELY MAY BE BASED SOLELY UPON, THE INFORMATION PROVIDED IN RETURNED QUESTIONNAIRES.

A QUESTIONNAIRE (AND AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY [DATE].

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT, APPROVED BY THE COURT. YOU SHOULD READ THIS QUESTIONNAIRE IN ITS ENTIRETY AND FOLLOW ALL OF ITS INSTRUCTIONS. FAILURE TO DO SO MAY HAVE SIGNIFICANT CONSEQUENCES, INCLUDING: (1) YOUR BEING FOREVER BARRED FROM ASSERTING OR RECEIVING PAYMENT ON ACCOUNT OF YOUR CLAIM; AND (2) YOUR CLAIM BEING VALUED AT ZERO FOR PURPOSES OF THE ESTIMATION OF ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE.

#### **DEFINITIONS AND INSTRUCTIONS**

#### A. GENERAL

- 1. Page i of this Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
- 2. You may need additional copies of Parts of the Questionnaire in order to provide all of the information requested by the Questionnaire. You may photocopy Parts of the Questionnaire before you fill it out as you need to, or you may request additional copies from the Debtors. To request additional copies of Parts of the Questionnaire, or if you have any questions:
  - Contact Rust Consulting, Inc., the Claims Processing Agent, toll-free at 1-800-432-1909, 9:00 a.m. 4:00 p.m., Eastern Time, Monday through Friday.
  - Visit the Grace Chapter 11 website at www.graceclaims.com
- 3. Your Questionnaire will be deemed filed only when it has been actually received by Rust Consulting Inc., the Claims Processing Agent. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.
- 4. Questionnaires may be filed by mail, Federal Express or United Parcel Service, or by using a similar hand delivery service.
  - Use this address if using U.S. Mail:

Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
P.O. Box 1620
Faribault, MN 55021

• Use this address if delivering by Federal Express, United Parcel Service, or a similar hand delivery service:

Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Ave.
Faribault, MN 55021

(between the hours of 9:00 a.m. and 4:00 p.m., Eastern Time, on business days).

Do **not** send any Questionnaire to the Debtors, counsel for the Debtors, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

5. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.

6. ALL HOLDERS OF CLAIMS DESCRIBED ON PAGE i (AND AS DESCRIBED IN FURTHER DETAIL IN INSTRUCTION NO. 1) ARE REQUIRED TO FILE THIS QUESTIONNAIRE BY [DATE]. ANY SUCH HOLDER WHO FAILS TO DO SO SHALL BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM ASSERTING ANY SUCH CLAIMS.

YOUR QUESTIONNAIRE WILL BE USED IN CONNECTION WITH THE ESTIMATION HEARING TO BE CONDUCTED BY THE COURT PURSUANT TO THE ESTIMATION PROCEDURES ORDER (A COPY OF WHICH IS ATTACHED AS APPENDIX B).

- 7. ANY SUBSEQUENT AMENDMENT TO THE QUESTIONNAIRE WILL NOT BE CONSIDERED FOR ANY PURPOSE.
- 8. This Questionnaire must be filed on behalf of any deceased Claimant who would have held a claim described on page i of this Questionnaire.

#### B. PART I -- Identity of Injured Person and His or Her Lawyer

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

If the injured person is deceased, then be sure to complete Part I (c), which concerns the primary and contributing causes of death.

All references to "you" or the like in Parts I through VII and IX shall mean the injured person.

#### C. PART II -- Asbestos-Related Medical Condition(s)

If you have received multiple diagnoses and/or consulted with multiple doctors, please photocopy Part II to provide the requested information for each diagnosis and/or doctor.

In Part II (a), respond to all applicable questions. If a section is left blank, then that section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following definitions:

**Mesothelioma:** Malignant mesothelioma, a cause of which was exposure to Grace asbestos-containing products, diagnosed in separate opinions from two independent pathologists certified by the American Board of Pathology.

Asbestos-Related Lung Cancer 1: Primary lung cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestosis based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/1 on the ILO grade scale, or asbestosis determined by pathology; and (3) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the lung cancer.

Asbestos-Related Lung Cancer 2: Primary lung cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestos-related nonmalignant disease based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/0 on the ILO grade scale, or diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000); and (3) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the lung cancer.

**Other Cancer:** Primary colon, laryngeal, esophageal, pharyngeal or stomach cancer (1) diagnosed on the basis of findings by an independent pathologist certified by the American Board of Pathology; (2) with evidence of asbestosis based on a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 1/1 on the ILO grade scale, or asbestosis determined by pathology; and (3) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the cancer.

Clinically Severe Asbestosis: Asbestosis (1) diagnosed by an independent pulmonologist or internist certified by the American Board of Internal Medicine, (2) with either (a) a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, of at least 2/1 on the ILO grade scale, or (b) asbestosis determined by pathology; (3) with an independent pulmonary function test demonstrating either (a) total lung capacity less than 65% or (b) forced vital capacity less than 65% and a FEV1/FVC ratio greater than or equal to 65%; and (4) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the asbestosis.

Asbestosis: Asbestosis (1) diagnosed by an independent pulmonologist or internist certified by the American Board of Internal Medicine; (2) with either (a) a chest x-ray reading by a B-reader and replicated by an independent B-reader, both of whom are certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000), or (b) asbestosis determined by pathology; (3) with an independent pulmonary function test demonstrating a FEVI/FVC ratio greater than or equal to 65% with either (a) total lung capacity less than 80% or (b) forced vital capacity less than 80%; and (4) with a supporting independent medical diagnosis and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the asbestosis.

Other Asbestos Disease: Any asbestos-related injuries, medical diagnoses, and/or conditions other than those above.

THESE ARE THE DEFINITIONS THAT GRACE WILL USE IN DETERMINING ITS OWN POSITION REGARDING ITS LIABILITY FOR ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. ALL INFORMATION, TESTS, DIAGNOSES, AND DOCUMENTATION SHOULD CONFORM TO THE DEFINITIONS. INFORMATION, TESTS, DIAGNOSES, AND DOCUMENTATION THAT DO NOT CONFORM TO THE DEFINITIONS MAY BE SUBMITTED, BUT GRACE WILL ASSERT IN COURT THAT THEY SHOULD BE GIVEN LITTLE OR NO WEIGHT.

The Debtors will take the position that a physician's finding that an injured person's disease is "consistent with" or "compatible with" asbestosis is insufficient under applicable rules of evidence to prove asbestosis [and will therefore seek to estimate the value of any claim based on such a diagnosis with no further evidence at zero and to value any such Claim at zero for purposes of allowance and distribution].

The injured person should include the following for all diagnoses of asbestosis: (i) a physical examination of the Claimant by the physician providing the diagnosis of the asbestos-related disease, (ii) x-ray readings by certified B-readers, and (iii) pulmonary function test results; provided, however, that pathological evidence of the non-malignant asbestos-related disease in the case of a Claimant who was deceased at the time the Claim was filed shall suffice in lieu of (i), (ii) and (iii) above. If a chest x-ray reading by a certified B-reader is provided along with a replicated reading by an independent certified B-reader, the chest x-rays do not need to be attached at this time, but may be requested at a later time. All pulmonary function test results must include the actual raw data, including all spirometric tracings, on which the results are based. All examinations, tests, and diagnoses should conform to the instructions above and below. This Questionnaire also must be accompanied by any and all documents that you and your counsel have or reasonably can obtain that support or otherwise relate to your diagnosis and your exposure to asbestos-containing products as a cause of the medical diagnoses, and/or conditions claimed.

Any person asserting an Other Asbestos Disease should include all chest x-ray readings, pulmonary function test results, and supporting medical diagnoses and supporting documentation establishing exposure to Grace asbestos-containing products as a cause of the disease.

With respect to any diagnoses of any of the diseases and/or conditions identified in Part II, include a history of your exposure to Grace asbestos-containing products sufficient to establish a 10-year latency period, and include all documents that relate to your exposure to Grace asbestos-containing products.

In Part II (b), (c) and (d), please provide the requested information for (1) the diagnosing doctor during your first diagnosis and, if applicable, all additional diagnosis, (2) each B-reader that has provided a chest x-ray reading, and (3) each doctor, if any, that has treated your condition.

Any diagnosis relied upon should be from a medical doctor with the qualifications described in this Questionnaire and who is independent of lawyers representing asbestos claimants.

A doctor or B-reader is considered "independent" if the doctor or B-reader has no social or financial relationship with lawyers representing asbestos claimants.

All chest x-ray readings must be replicated and comply with the standards set forth in the International Labour Organization's 1980 International Classification of Radiographs of Pneumoconioses. All pulmonary function test results must comply with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies.

#### D. PART III -- Occupational Exposure to Asbestos-Containing Products

Part III (a) applies to persons who allege exposure to Grace asbestos-containing products in an occupational setting - i.e., at work. Part III (b) applies to persons exposed to asbestos-containing products not attributable to Grace.

In Part III (a), please provide the requested information for the job and worksite at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to Grace asbestos-containing products. Use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each worksite. Identify the job and worksite at which you worked. If you worked at more than one job and/or worksite from which you claim exposure to Grace asbestos-containing products, please use additional copies of Part III (a), and supply the occupational code, industry code, and period of exposure for each applicable job/worksite combination. Use a separate copy of the form for each job/worksite combination.

#### **Occupation Codes**

- 01. Air conditioning and heating installer/maintenance
- 02. Asbestos miner
- 03. Asbestos plant worker/asbestos manufacturing worker
- 04. Asbestos removal/abatement
- 05. Asbestos sprayer/spray gun mechanic
- 06. Assembly line/factory/plant worker
- 07. Auto mechanic/bodywork/brake repairman
- 08. Boilermaker
- 09. Boiler repairman
- 10. Boiler worker/cleaner/inspector/engineer/installer
- 11. Building maintenance/building superintendent
- 12. Brake manufacturer/installer
- 13. Brick mason/layer/hod carrier
- 14. Burner operator
- 15. Carpenter/woodworker/cabinetmaker
- 16. Chipper
- 17. Clerical/office worker
- 18. Construction general
- 19. Custodian/janitor in office/residential building
- 20. Custodian/janitor in plant/manufacturing facility
- 21. Electrician/inspector/worker
- 22. Engineer
- 23. Firefighter
- 24. Fireman
- 25. Flooring installer/tile installer/tile mechanic
- 26. Foundry worker
- 27. Furnace worker/repairman/installer
- 28. Glass worker
- 29. Heavy equipment operator (includes truck, forklift, & crane)
- 30. Insulator

- 001. Asbestos abatement/removal
- 002. Aerospace/aviation
- 100. Asbestos mining
- 101. Automotive
- 102. Chemical
- 103. Construction trades
- 104. Iron/steel
- 105. Longshore
- 106. Maritime
- 107. Military (other than U.S. Navy)
- 108. Non-asbestos products manufacturing

- 31. Iron worker
- 32. Joiner
- 33. Laborer
- 34. Longshoreman
- 35. Machinist/machine operator
- 36. Millwright/mill worker
- 37. Mixer/bagger
- 38. Non-asbestos miner
- 39. Painter
- 40. Pipefitter
- 41. Plasterer
- 42. Plumber install/repair
- 43. Power plant operator
- 44. Professional (e.g., accountant, architect, physician)
- 45. Railroad worker/carman/brakeman/machinist/conductor
- 46. Refinery worker
- 47. Remover/installer of gaskets
- 48. Rigger/stevedore/seaman
- 49. Rubber/tire worker
- 50. Sandblaster
- 51. Sheet metal worker/sheet metal mechanic
- 52. Shipfitter/shipwright/ship builder
- 53. Shipyard worker (md. repair, maintenance)
- 54. Steamfitter
- 55. Steelworker
- 56. Warehouse worker
- 57. Welder/blacksmith
- 58. Other
- **Industry Codes** 
  - 109. Petrochemical
  - 110. Railroad
  - 111. Shipyard-construction/repair
  - 112. Textile
  - 113. Tire/rubber
  - 114, U.S. Navy
  - 115. Utilities
  - 116. Grace asbestos manufacture or milling
  - 117. Non-Grace asbestos manufacture or milling
  - 118. Other

In Part III (b), please provide the requested information for the job and worksite at which the you were exposed to asbestos-containing products other than Grace products. Indicate the dates of exposure to non-Grace asbestos-containing products. Use the list of occupation and industry codes in Part III (a) to indicate your occupation and the industry in which you worked at each worksite. Identify the job and worksite at which you worked. If you worked at more than one job and/or worksite where you claim exposure to asbestos, please use additional copies of Part III (b) and supply the occupational code, industry code and period of exposure for each applicable job/worksite combination. Use a separate copy of the form for each job/worksite combination.

#### E. PART IV -- Employment History

In Part IV, please provide the information requested for each job you have held during the past 20 years, other than jobs already listed in Part III. Use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked for each job. Please use additional copies of Part IV in order to complete a separate Part IV for each job.

#### F. PART V -- Residential History

In Part V, please provide the information requested for each of your past residences. Please use additional copies of Part V in order to complete a separate Part V for each separate residence.

#### F. PART VI -- Pertinent Medical History

In Part VI (a) and (b), please provide the requested information about your use, if any, of tobacco and/or alcohol. In Part VI (c), please provide the requested information about your use, if any, of prescription drugs. In Part VI (d), please provide the requested information about your height and weight. In Part VI (e), please provide the requested information about your medical history.

#### H. PART VII -- Litigation and Claims

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf against (i) Grace **or** (ii) any other party. If you have filed multiple lawsuits and/or claims or if additional space is needed to provide the information requested for each lawsuit and/or claim, please use additional copies of Part VII and provide the applicable information for each such lawsuit and/or claim.

#### I. PART VIII -- Claims by Dependents or Related Persons

Part VIII (a) is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace <u>not</u> involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

Part VIII (b) is to be completed by a dependent or related person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim that <u>does</u> involve physical injury to him-/herself based on his/her <u>own exposure</u> to Grace asbestos-containing products. Such dependent or related person is considered a separate "injured person" and he/she or the legal representative <u>must fill out a separate Questionnaire</u>. This section is to be used by only one dependent or related person. This Questionnaire must be signed by the dependent or related person or the person filing the Claim on his/her behalf (such as the personal representative or his/her lawyer).

#### J. PART IX -- Supporting Documentation

This Questionnaire must be accompanied by any and all documents that you and your counsel have or reasonably can obtain that support or otherwise relate to your diagnosis and your exposure to asbestos-containing products as a cause of the medical diagnoses, and/or conditions claimed.

Original documents that are attached will be returned within a reasonable time after Grace, its professionals, and its experts have reviewed the documents. In Part IX, please mark the boxes next to each type of documents that you are submitting with this Questionnaire.

#### K. PART X -- Attestation that Information is True and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true and accurate. You are further attesting and swearing that you have not omitted any requested information, the inclusion of which would have a material effect on any right to assert a Claim against the Debtors' estates. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire, including Part X, and references in Part X to "you" mean the person completing and filing this Questionnaire.

If you are represented by a lawyer, you and your lawyer must <u>both</u> sign Part X. Your lawyer must assist in the completion of this Questionnaire and must conduct reasonable inquiries and investigation to obtain all materials requested by this Questionnaire. By signing Part X, your lawyer is attesting and swearing that to the best of his/her knowledge, based upon a reasonable investigation of the facts, all of the information in this Questionnaire is true, accurate and complete.

If you (and/or your lawyer, if applicable) fail to complete Part X, your Questionnaire will be considered incomplete, and the Debtors will move the Court for the permanent expungement and disallowance of your asserted Claim.

#### PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL

a. GENERAL INFORMATION	
NAME OF INJURED PERSON:	
Last Name First Name	MI
Lust name Pitst name	IVII
	RACE (for purposes of evaluating Pulmonary Function Test results):
	☐ WHITE/CAUCASIAN ☐ AFRICAN AMERICAN ☐ OTHER  If Other, please specify:
SOCIAL SECURITY NUMBER:      -   -     -       -       -	
Street Address	
City	State/Province Zip Code/Postal Code
Country (if not U.S.)	
Day Time Telephone (	
b. LAWYER'S NAME AND FIRM	
NAME:  Last Name  First Name	
NAME OF FIRM WITH WHICH LAWYER IS AFFILIATED:	
Mailing Address of Firm:	
Street Address	
Street Address	
City	State/Province Zip Code/Postal Code
Country (if not U.S.)	
Telephone Number of Firm or Lawyer's Direct Telephone Number:	
(	
men cone	

of sending such materials to you.

Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu

c. <u>CAU</u>	USE OF DEATH (IF APPLICABLE)
1.	Is the injured person living or deceased?   Living Deceased
2.	If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:
	Date of Death:     Location of Death:       Month Day Year     State/Province Country (if not U.S.)
	Primary Cause of Death (as stated in the Death Certificate)
	Contributing Cause of Death (as stated in the Death Certificate)
	PART II: ASBESTOS-RELATED CONDITION(S)
a. DIA	GNOSED CONDITION(S)
this Ques been diag relating to	box next to the conditions with which you have been diagnosed and provide all information required in the instructions to stionnaire. Also, attach medical records that comply with the requirements set forth in the Instructions to Part II. If you have gnosed with multiple conditions and/or if you received diagnoses, tests, consultations, treatments, or medical assessments to the same condition by multiple doctors, please photocopy Part II prior to filling it out or request additional Questionnaire(s) beliete a separate Part II for each such diagnosis, test, consultation, treatment, or medical assessment.  Please check the box next to the condition being alleged:  Mesothelioma Clinically Severe Asbestosis Asbestos-Related Lung Cancer 1 Asbestosis Other Asbestos Disease Other Cancer
2.	Date of Diagnosis:  Month Year
3.	Information Regarding Chest X-Ray Reading Name of B-Reader:  Date of Reading:  Month Year ILO score:
4.	Information Regarding Pulmonary Function Test:  Name of Doc tor Performing Test:  Date of Test:  Month Year  Total Lung Capacity (TLC): \( \text{\titt{\tex{

5.	Info				_			0			_			t:																													
		Nar	ne o	of L	)oc	tor	: P	erf	or	mi	ng	Te	st:											1	1				1						_								
		Dot	0.04	e Tr	204		丄																												_								
		Dat	e oi	7	est:		au		l			1																															
	1	1on	th		- [	Yea	$\frac{\bot}{ar}$																																				
		ind		s:_		160	л <i>і</i>													_																							
6.		<b>legi</b> oloi aryn	1		ner	] p	ha	cer, ryr mad	ıge	al		[	rk _	<b>th</b> es	e <b>b</b> op	<b>ox</b> ha	(es ge	) r al	ıex	t t	o t	he	aŗ	pp]	lica	abl	le j	ori	ma	ry	ca	nce	er(s	s) b	)eii	ng a	alle	ege	d:				
7.	If al	legi	ng	Otł	ner	As	sbe	esto	os I	Dis	eas	ses,	pl	eas	se (	des	scr	ib	e tl	he	dia	agı	nos	sis	:																		
8.	Hav	e yo Ye		rece			ne	dic	al i	tre	atr	nei	ıt f	ro	m	a d	loc	to	r fo	or	the	e c	on	dit	tio	n a	ılle	ge	1?														
	If ye	s, p	leas	se c	om	ple	ete	Pa	rt l	II(d	<i>l</i> ).																																
							_									~										_			_		~							. ~		~=	_		
PLEASE ASBEST																																EX	Р(	OS	UR	E '	ГО	) <b>G</b>	RA	СI	₹		
ASDEST	US-C	ΟN	1 A.	11/1	1111	JI	IV.	Oυ			S F	10	A. '	CA	ı Oı	ЭĽ	U	ľ	111	LIL	C	JI.	עוי.	11	10	)1 <b>1</b>	C	⊔ <b>A</b>	110	LIV	J.												
b. DIA	GNO	SIN	GΙ	000	CT	OR	<u> </u>																																				
Doctor's N	lame																																										
																																									Ī		
Last Name			<u>                                       </u>						l		1		1		1							<u> </u>		l	Fir	st l	Vai	ne															
Telephone		ber			1		$\top$				7																																
(	)				-		$\perp$																																				
Area Co	ode																																										
Specialty							$\neg$		1					1			1							1		1							T		$\top$	Τ	Τ	Т	$\top$	T	$\top$		T
			Щ	$\perp$					L					<u> </u>	Ļ			_																	L	$\perp$	$\perp$		$\perp$	$\perp$	$\perp$		$\perp$
Date Med	ical D	egr	ee F	<b>₹ec</b>	eiv	ed 1			De	gr	ee	Gr	ant	tin	g I	ns	titı	ıti	on		ı	1	1				ı	ı	1	1	1	1			$\overline{}$	_	_	_	$\overline{}$	$\overline{}$	$\top$		_
		- L																																									
Month L			Y	'ear	•																																						
Diagnosis	Giver	1																																									
Address																																											
Street Ad	dress								l .			1				-1-						1																				_	
City																														Sta	ate.	Pi	ov	inc	e	$Z^{i}$	ip (	Coc	le/	Pos	tal	Co	de
Country (	if not	U.S.	)																																								
	Was t the tii								ce	rti	fie	d a	s a	pι	ıln	101	nol	og	ist	or	· in	tei	rni	ist	by	y tł	1e .	An	ıer	ica	n]	Boa	ard	l of	f In	ıter	na	ıl N	1ed	lici	ne :	at	
			] <b>Y</b>	Zes .		] N	lo																																				
	Was t	he d	liag	gnos	sin	g d	oc	tor	ce	rti	fie	d a	s a	pa	ath	olo	ogi	st	by	th	e A	۱m	ıer	ic	an	Bo	oar	d d	of l	Pat	ho	log	y a	ıt t	he	tin	ae (	of t	the	dia	agn	osi	s?
			] <b>Y</b>	Zes .		] N	Ю																																				

						he: re:																										al	r	ela	ati	or	ısł	ıip	) b	et	W	ee	n 1	the	e d	lia	gr	109	sin	g	do	ct	or	aı	nd	ar	ıy	la	wy	eı	•	
									] ,	Y	es			1	No	,																																														
				If	y	es,	p	le	ase	? <b>6</b>	$ex_{l}$	pla	aii	n:	•																																															
				,		_	_																																																							
				г		_ 																																																								
c.			-R					_								_																																									_	_	_			
B-I	(e	ac	ier	´S	IN	an	1e																																																							
7	. 1	. 7																																					г.			T																				
Las	t I	Va	me	?																																			Fi	rsi	tΛ	/ai	me	!																		
Tel	ep	h	one	e I	Nι		b	er		1		1				_			T		7																																									
(	4r	eo	. Co	oá	le.	)	L					]	-								]																																									
Ad				- A		1	1			1			T		ı	_		1	1			-		I	1			1						1		I	1			ı	1	-		Τ	1	T		Τ	1			1		-		_	_	_	<del></del>			T
C+	ra	ot.	$\frac{1}{Ad}$	ldı	ra	C C										$\perp$																																									L	$\perp$				
51.	rei	eı	Ли	u	e.	0.0										T																																									T	T	T			
Ci	ty					<u> </u>				1			1		I	_ _		<u> </u>						1	<u> </u>		<u>                                       </u>						I			1				1				1	S	ta	te/	P.	ro	vir	ıce	?	Z	ip	C	od	e/I	0.	sta	ıl (	Со	de
				/ /				a																																																						
Ca	ЭИ	nt	ry (	ij	n	ot	U.	<b>S</b> .	)																																																					
				W	V a	s t	he	r	ea	de	er	ce	ert	tif	fie	d	b	y t	th	e	Na	ati	io	na	1	In	st	itı	ıte	e (	of	0	cc	uj	pa	tio	on	al	Sa	afe	ety	a	n	l I	Ie	alt	h	at	th	e	tir	ne	of	f tl	he	re	ad	lin	g?	•		
									] '	Y	es			ľ	No	)																																														
																																al	re	ela	ıti	on	sh	ip	b	et	we	eeı	n t	he	В	-r	ea	ıde	er	ar	ıd	ar	ıy	la	wy	er						
				re	ep	re	se	nt	ing	3 8	as	be	est	to	s c	:la	ii	ma	n	ts	aş	ga	in	st	a	ny	7 6	n	tit	y:	:																															
									] '	Y	es			1	No	)																																														
				If	y	es,	p	le	ase	? <b>e</b>	$2x_I$	pla	aii	n:	•																																															
						-																																																								
						_																																																								
d.			TI				)(	)(	Т	O	R	S	<b>(I</b> )	N	Cl	LU	Ul	DΙ	N	G	T	R	E	A'	ΓI	N	G	, I	PA	T	Ή	(O	L	O	G]	[S	TS	5,	Αľ	NΓ	) I	)(	O	T	Ol	RS	P	E	RI	O	R	M	IN	G	T	ES	ST	<u>S)</u>	_			
Do	cto	or	'S I	Na	ım	ie	1			l						T						1			1			1									1	Ī											1								T	T	T			Τ
Las	t l	Va	me	?						<u> </u>																	<u> </u>						<u>                                       </u>					L	Fi	rsi	tΛ	lai	me																			
Tel	er	oh	one	e l	Νı	ım	b	er																																																						
(	<u>- r</u>	Ī				)	Ī					] .	-																																																	
			C	oa	le		<u> </u>			ı									1																																											
Spe	eci	lai	lty				Ī			l						T									Ī			1																													Τ	T	T			T
Dat	te	N	led	lic	al	D	eg	ŗ	ee	R	ec	ei	ve	ed				D	eş	gr	ee	(	}r:	an	ti	ng	ς I	ns	sti	tu	ıti	on	<u>ا</u> ا								1											<u> </u>				<u></u>		_ 				
		] .	- [				-																																																	L	L	$\prod$	$\int$			
M Tre			ı I		-	ive	n		3	Ye	ear	r																																																		
																_																																														

Add	re	ess																																													
												T																																			
Str	ee	t Ad	ldr	ess					<u> </u>	<u> </u>					<u> </u>	1	1		<u> </u>	- 1					1					<u> </u>	<u> </u>			1	<u> </u>		<u> </u>										
Cit	y	- 1							1											- 1			-							<u> </u>				St	ate	Pi	ov	inc	e:e	Z	ip (	Co	de/i	Pos	stal	Сос	le
Cor	un	try (	(if	not	U	S.)									•								•				•							•	_												
			Is	the	re	. 01	٠h	าลร	th	er	e e	·ve	er l	hee	n.	an	v s	oci	ial	or	fir	ıan	cia	al r	ela	ntio	ns	hin	h	etv	vee	n t	he	tre	at	ing	de	octo	or	an	d a	nv	lav	vve	r		
						nti																				••••		P	. ~							8		,	-			3			-		
				1 1	<sup>7</sup> es		1 1	Nα																																							
				, ,	· Co	' L	] ,	110	,																																						
					<b>I</b> f	ves,	p	lea	ise	ex	cpl	ain	ı:																																		
																																															_
																																															_
						P	A.	RT	ΓΙ	II:	• •	)C	:CI	UP	ΑΊ	ΓI(	ΟN	ΑL	E	XP	O	SU	RF	T	0	AS	BI	EST	ГО	S-	CO	)N	ГΑ	IN	IN	<b>G</b> ]	PR	OI	DU	C	ſS						
a.		EXI	PC	SU	R)	E <b>T</b>	O	G	RA	10	E	AS	<u>SB</u>	ES	ST	os	<b>-C</b>	ON	IT.	AII	NI)	NG	<b>P</b>	RC	D	UC	T	<u>S</u>																			
TC							. 1										.1											1										_									
If yo																																															
appl																																(-)	,			г			1								
1		C	٠. 4.		т.																																										
1.						xpo Site		ıre																																							
												T																													$\top$	$\top$	T	T	T		
		L	Si	te (	)w	nei	·:		<u> </u>						<u> </u>										ļ						<u> </u>	<u> </u>		1		1											
												T																																	T		
		L	A	ldr	ess	s:			<u> </u>																ļ						<u> </u>	<u> </u>		1		1											
																																									T			T	Τ		
		<u> </u>	Sti	eei	A	ddr	es.	S	<u> </u>	1					l			<u> </u>												<u> </u>	l	<u> </u>		<u> </u>	1												
																																													T		
		L	Ci	ty					<u> </u>	<u> </u>					<u>                                     </u>	1	<u> </u>		<u> </u>	- 1			!_								<u> </u>			St	ate	/Pr	·ov	inc	e:e	Z	ip (	Co	de/i	Pos	tal	Coc	le
		E	Zхр	osi	ıre	Sit	e (	Со	un	try	ij (ij	c ne	ot	U.	S.)	1	<u> </u>		<u> </u>	- 1			!_								<u> </u>																
2.	I	Date	20	of I	Čvi	ากรา	ır	e t	a (	7r	ละเ	<u>ا</u> م	l cl	)es	tns	:-C	'on	tai	niı	าฮไ	Pr	ndı	ıct	· C •	F	ro	m										,	Го									
	-	Juic		,, ,	- A-1	,050			•	<b>J</b> 1	uci	, 11	LOR	, С.	· ·	, .	7011	···		•		out			ſ	1		_		T		T	1						1	٦.	. Г	$\top$	$\top$	op	٦		
	_	_						_	_			_			_										L	Mo	ntl	h	Y	'ear	r							M	on	th		Yea	ır	丄	J		
3.	(	Occ	up	ati	on	and	d ]	lno	dus	str	y I	)u	rii	ng	Ex	cpo	su	re:																													
	,	)oo-	11 **	o#:		Γ			٦		T.4	: <i>C</i>	۱ <sub>0</sub> ۲	اما	. 0	a.	~c:	£.,.			Γ																										$\neg$
	•	Эссі	uр	atl(	)II	Ĺ					11	·	Cod	ie 3	o,	sp	ec1	ıy:			Ĺ																										
	T	nd-		<b></b> .		Γ			Т		T4	e <b>C</b>	اد ۲۰	la 1	117	7 ~	no	.; c.	7.		Γ																										$\neg$
	1	ndı	ıst	ry							11	C	Cod	ie I	11/	, s	pe	CITY	<b>/</b> :																												

4.	Emplo Exposi	yer During Each ire																									
5.	production and make Grace do you	I Grace asbestos-conet name, and manufa aterials you attribute at the site, and (c) do believe that the asbe I, please use addition	e to Gra escribe estos yo al copid	For ace at the bou we es of	each the s asis f re all	expo site, ( for th leged	sure (b) li e ide ly ex	e to ist tl entif kpos	a Gi he da ficat sed t	race ates tion (	asb of e of tl is m	esto xpo he p ianu	os-c sur orod ifac	ont e to luct tur	aini eac as ed c	ing ch p a G or se	pro rod rac old	duct luct e pi by (	t: (: or odi Gra	a) i ma uct. ice?	den teri In If	tify al y oth ado	all you a ner v	prod attrik word:	luct oute s, w	s e to yhy	
	b.	Dates and Frequence						of E	xpos	sure	to l	Pro	duc	ts A	ttr	ibut	ed	to (	Grac	ce:							
6.		Basis for Identification						g pro	oduc	ets w	hicl	h, if	an	y, o	f th	e fo	llov	ving	g we	ere	you	? (	(che	ck al		at	
	apply	y)																									
		A worker who person asbestos-containing p	-		Grace			[	_ ,	A wo	e G	race	asl	best	os-	cont	aini	ng j	proc	duc							
		A worker who person asbestos-containing p	-		d or c	cut Gi	ace	[	ł	by ot Othe	hers	3					-,		,	01							
		A worker who person asbestos-containing p	•		l Gra	ce					•																
		A worker at the site, work space where Gr products were being or cut by others	race asb	estos	-cont	ainin	g																				
	]	If Other, please speci	ify																								_

#### b.

#### EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS

If you worked at more than one site or in more than one job category at a site where you were exposed to asbestos-containing products not attributable to Grace, then photocopy Part III prior to filling it out or request additional Questionnaire(s), and complete a separate Part III for each applicable site and/or job category. Use one form for each site and/or job category.

1.	Site of Exposure Name of Site:	
	Site Owner:	
	Address:	
	Street Address	
	City State/Province Zip Code/Posta	Code
	Exposure Site Country (if not U.S.)	
2.	Dates of Exposure to Non-Grace Asbestos-Containing Products: From To	
	·	
	Month Year Month Year	
3.	Occupation and Industry During Each Exposure:	
	Occupation If Code 58, specify:	
	Industry If Code 117, specify:	
1	Eurolovou Duning Fook	
4.	Employer During Each Exposure	
_		_
5.	List all asbestos-containing products to which you claim exposure at a particular site. Include type of product, pro name, and manufacturer. For each exposure to an asbestos-containing product not attributable to Grace, identify	
	non-Grace asbestos-containing products to which you were occupationally exposed and the dates of exposure to ea	
	non-Grace asbestos-containing product or material. If additional space is needed, please use additional copies of P	
	III(b)(5) and complete a separate Part III (b)(5) as needed.	
	a. Products Not Attributed to Grace:	
		]
		J
	b. Dates and Frequency (hours/day, days/year) of Exposure to Products Not Attributed to Grace:	1

6.		each ex osure an	•								tribu	tabl	e to	Gra	ce, w	ere	you	dur	ing t	he ti	me o	of ask	esto	S	
		A work		_							whe	re as	bes	tos-c	mme	ning	pro	duct	s wer						
		A work		_	-		d or c	ut			othe	ers			nixed elow)	, ren	nove	ed or	cut l	ѹ					
		A work		_	nally in	ıstalle	d asbe	estos-		Ш	Our	ei (sj	Jeci	iy be	now)										
		A work swere bothers	pace wl	here as	bestos-	conta	ining	produc	cts																
	If O	ther, plo	ase sp	ecify																					
_							PAR'	T IV:	EMI	PLO	YM	ENT	ні	STC	RY										
years u	ıp to	jobs list and incl ent. Or	luding	your c	urrent	empl	oyme	nt. Fo	or eac	h jo	b, in	clud	e yo	ur e											
0	ccup	ation		If	Code	58, sp	ecify:																		
Iı	ndust	try		If	Code	118, s	pecify	y:																	
		mploye	r <b>:</b>																						
	Ac	ddress:																				$\overline{11}$	$\top$		
		reet Add	ress											State	e/Pro	vinc	e	Zip	Code	e/Po	stal (	Code			
		eginning - [  Jonth	g of En		nent			nd of ]  onth		<b>oym</b>     Year															
							PAF	RT V:	RES	SIDE	NTI	AL I	HIS	TO	RY										
		iplete a	_				-	_				date	0C W	011 P	ocido	d at	മെല്	h ad	drace						
1. Lis	st an	or your	past 10	sidenc	es (sta	ıı ung	WILII	THE Ea	irnest	<i>)</i> and	u tile	uau	es y	ou i	esiue	u ai	eaci	ıı au	ui es:	· 					
	St	reet Ad	dress																						
	Ci	ity												Stat	e/Pro	vinc	e	Zij	Coc	le/P	ostal	Code	e		

		onth Year Month Year
2.	Durin or sur	g your residency, were any Grace asbestos-containing products installed or otherwise brought onto your residence rounding areas?   Yes No
	de th	yes, please: (a) list the Grace-asbestos containing product brought onto your residence or surrounding areas, (b) escribe the basis for the identification of the product identified in (a) as a Grace asbestos-containing product, (c) list he dates on which the Grace asbestos-containing product was in your residence and/or surrounding areas, and (d) escribe the nature of your exposure to such Grace asbestos-containing products.
	a.	Products Attributed to Grace:
	b.	Basis for Identification of Grace Product:
	c.	Dates Grace Products were on Your Residence and/or Surrounding Areas:
	d.	Nature of exposure to Grace products:
3.		g your residency, were any asbestos-containing products not attributed to Grace installed or otherwise brought onto residence or surrounding areas?   Yes No
	01	yes, please: (a) list all asbestos-containing products not attributable to Grace that were brought onto your residence r surrounding areas, (b) list the dates on which such asbestos-containing products were on your residence and/or arrounding areas, and (c) describe the nature of your exposure to such asbestos-containing products.
	a.	Products Not Attributed to Grace:
	b.	Dates Products were on Your Residence and/or Surrounding Areas:
	c.	Nature of exposure to products:
4.		your residency, did you live near a plant which processed asbestos and/or asbestos-containing products?

5.	Has your home ever been tested for radon exposure?	Yes	☐ No
	If yes, complete the section below		
	a. Was radon detected at your home?	Yes	☐ No
	b. If radon was detected at your home, please identify th	e date of de	tection.
	Date radon was detected:  Month Year		
_	PART VI: PERTINENT	MEDICAL	HISTORY
a.	TOBACCO USE		
1.	Do you currently use tobacco products?	☐ No	
2.	Have you ever used tobacco product?	☐ No	
	If answer to either question is yes, complete questions 3 and 4 be	elow:	
2	Indicate whether you have used any of the following tobacco n	roduats	
э.	Indicate whether you have used any of the following tobacco p		Tobacco Products
	☐ Cigarettes ☐ Cigars	_	y (e.g. chewing tobacco)
	Packs per Day Half Pack = .5 From Year To Year From Year To Year To Year From Year To Year From Year To Year	Fro	Amt. Per Day (e.g. # of tins) om Year To Year -
4.	Have you ever been diagnosed with chronic obstructive pulmo	nary disease	e ("COPD")?
	If yes, please attach all documents regarding such diagnosis and	explain the	nature of the diagnosis:
	the extent that your tobacco usage varied, with respect to a pa otocopy this page and provide the relevant information for each		
b.	ALCOHOL CONSUMPTION		
1.	Do you currently use alcohol products?	Yes	No
2.	Have you ever used alcohol products?	Yes	No

If answer to either question is yes, complete question 3 below:

	your consumption:	now, or have ever, regularly consume(a) the following types of alcoholic beverages and the frequency
	☐ Beer	<ul> <li>☐ Less than 3 beverage per week</li> <li>☐ 3 to 7 beverages per week</li> <li>☐ More than 7 beverages per week</li> </ul>
	☐ Wine	<ul> <li>☐ Less than 3 beverage per week</li> <li>☐ 3 to 7 beverages per week</li> <li>☐ More than 7 beverages per week</li> </ul>
	☐ Hard liquor	<ul> <li>☐ Less than 3 beverage per week</li> <li>☐ 3 to 7 beverages per week</li> <li>☐ More than 7 beverages per week</li> </ul>
c.	PRESCRIPTION D	DRUG USE
1.	Do you currently use	prescription drugs?
2.	Have you used prescr	iption drugs within the past 20 years?
	If answer to either que	estion is yes, complete question 3 below:
3.	Please specify which p	prescription drugs you currently use, or have used in the past.
	From Year To Y	From Year To Year From Year To Year -
		ir prescription drug usage includes more than three drugs, or to the extent that you used a particular ing multiple periods, please photocopy this page and provide the relevant information for each
d.	HEIGHT AND WE	<u>IGHT</u>
1.	List your height in fee	et and inches
2.	List your weight in po	ounds pounds
3.	Have you lost more th	nan 20 pounds in the last 12 months?
	If yes, please explain:	
e.	PREVIOUS DIAGN	NOSIS OF CANCER AND FAMILY HISTORY OF CANCER
1.	Other than any condi	tions listed in Part II of this Questionnaire, have you ever been diagnosed with cancer?
	Yes No	
	If yes, please attach al	ll documents regarding such diagnosis and list the type of the cancer:

	las your mother, fa																er	?			Ye	S		1	No								-		
							P	'AR'	Г	VII:	: I	ΙΤ	IG.	AT	ю	N.	Aľ	ND	Cl	LA	IM	S											-		
If yo	LITIGATION AG ou are a plaintiff in tional Questionnai	mor	e tha	an	one	lav																/II	(a)	pr	ior	to	filli	ing	it (	out	or	re	que	est	
1.	Provide the capti Caption:	ion,	case	nu	ımb	er,	file	da	te,	and	l c	our	t n	am	e f	or	th	e la	aw	sui	t y	ou	file	d:											
	Capuon:			T																										1					
	Case Number:																											_							
	File Date:			T								1	1																						
	Court Name:																																		
3.	Yes If yes, please described with the please described with the please described with the please of the please described with the please described w	cribe	e the						esal	l of	the	e la	ws	uit	<u>:</u>																				
J.	Has a judgment of Yes   If yes, please ind	] No icate	e ver	dic		CIII			\$ [											]															
	amount and defe	nda	nt(s)	:						Verd	dict	Am	oun	ıt.																					
De	fendant(s)																																		
Б	C 1			$\overline{}$																											$\overline{}$	$\overline{}$		_	$\overline{}$
De	fendant(s)																																		
De	fendant(s)																																		
4.	Was a settlement Yes  .  If yes, please (a defendants:	] No	)										nd	<b>(b)</b>	de	esc	rib	e t	he	ter	ms	s of	`th	e se	ettle	em	ent	an	d tl	he a	app	olic	abl	e	
	a. Settlement An	10un	ıt						\$	Set	tlen	nent	Am	noun	ıt.																				

W	ere you deposed i	in th	nis l	laws	suit	?																											1
<b>I</b> f	yes, please attach	a co	opy	of y	oui	r de	pos	itio	on i	to t	his	$Q_i$	ues	tio	nnc	iire	2.																
OT	HER LITIGATI	<u>ON</u>																															
Н	ave you ever been	a p Vo	olai	ntif	f in	a la	aws	suit	t ot	he	r tl	nan	th	e l	aws	sui	ts li	iste	d i	n P	ar	t V	II	(a)	ab	ov	e?						
If	yes, please compl	ete t	he	rest	of	this	Pa	rt \	VII	( <b>b</b> ,	). <i>i</i>	If n	0, ]	ple	ase	sk	ip t	to F	Pari	t VI	<b>I</b> (	(c).											
P	ease provide the	capt	tion	ı, ca	ise i	nun	ıbe	r, 1	file	da	ıte,	an	d c	ou	rt 1	an	ne f	for	th	e la	ws	uit	yo	u f	ile	d:							
C	ption:	1		1 1			1		-											1											1	7	
C	se Number:			1 1							1	1	1							1	ı				_	1	1		_				
Fi	e Date:																																
<u>C</u>	ourt Name:																																
W	as the lawsuit dis	miss	sed'	?																													
		Ю																															
If	yes, please provid	le tl	he l	oasi	s fo	r di	ism	iss	al (	of t	the	lav	wsu	ıit:																			
																																	_
Н	ns a judgment or	vero	dict	be	en e	nte	red	1?																									_
	If yes, please indi defendant(s):	cate	e th	e ve	erdi	ct a	mo	un	ıt a	nd			\$	V	erd	ict	Am	TO U	nt														
			Г		1	<del>                                     </del>	1	ı	ı	ı	ļ	ļ	ı	, (					1		1	- 1	ı		ı	ı	ı			ļ	<u> </u>		_
]	Defendant(s)		L																														_
]	Defendant(s)																																
,			_				ı	1	1							-	-		1			- 1										1	_
	Defendant(s)																			J	I	I	l										

	If yes, please (a) indicate the settlement amount and (b) describe the terms of the settlement and the applicable defendants:
	a. Settlement Amount  \$ Settlement Amount
	b. Terms of the settlement (including any payments) and the applicable defendants:
6.	Were you deposed in this lawsuit?  Yes No
	If yes, please attach a copy of your deposition to this Questionnaire.
c.	<u>CLAIMS</u>
1.	Have you ever asserted a claim, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court), for personal injury or emotional distress?   Yes No
	If yes, please complete the rest of this Part VII (c). If no, please skip to Part VIII.
2.	Date the claim was submitted:        -       -             Month Day Year
	erson or entity against whom the claim was submitted me:
INA	Last Name  First Name  MI
	Title (if an individual):
4. D	Description of claim:
5. W	Vas claim settled?  Yes No
	If yes, please indicate the settlement amount:  \$ Settlement Amount
6. W	Vas the claim dismissed or otherwise disallowed or not honored?   Yes   No
	If yes, provide the basis for dismissal of the claim:
	PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS
_	
	CLAIMS NOT BASED ON PHYSICAL INJURY
Name	of Dependent or Related Person
Last	Name First Name MI

Addres	s:	
	<u>                                     </u>	
Street	Address	
City	State/Province Zip Code/Postal C	ada.
	State/Province Zip Code/Postat C	.oae
Count		
Social	Security Number Date of Birth	
Financ	ally Dependent:	
Relatio	nship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify	
b. C	LAIMS BASED ON PHYSICAL INJURY	
1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity wi another injured person?   Yes   No	th
	If yes, in addition to completing all other questions in this Questionnaire, please complete this Part VIII (b). If no, pleas skip to Part IX.	'e
2.	Please indicate the following information regarding the other injured person:	
	NAME OF OTHER INJURED PERSON:	_
	Last Name First Name M	I
	GENDER: MALE FEMALE (please check one)	
	Social Security Number Date of Birth	
	Month Day Year	
	Mailing Address:	$\overline{}$
	Street Address	
	City State/Province Zip Code/Postal C	Code
	Country (if not U.S.)	
	Day Time Telephone  (	
	Area Code	
3.	What is your Relationship to Other Injured Person:   Spouse Child Other	
	If other, please specify:	
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:	

Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product    Has the Other Injured Person filed a lawsuit related to his/her exposure?   Yes   No	From:																	
Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product    Has the Other Injured Person filed a lawsuit related to his/her exposure?			Varia			To:	Month	-	Vas									
Has the Other Injured Person filed a lawsuit related to his/her exposure?   Yes   No  If yes, please provide caption, case number, file date, and court name for the lawsuit:  Caption:    Case Number:	0.1												~		_			
If yes, please provide caption, case number, file date, and court name for the lawsuit:   Caption:	Other I	njured Perso	n's Basis	for Ic	dentifi	ication	1 of Asb	estos-	Conta	ining	Prod	uct a	is Gr	ace	Proc	duct		
If yes, please provide caption, case number, file date, and court name for the lawsuit:   Caption:																		
If yes, please provide caption, case number, file date, and court name for the lawsuit:   Caption:	Has the	Other Injure	ed Perso	n filed	a law	vsuit r	elated to	his/h	er exi	osur	e?	П	Yes		No			
Case Number:    File Date:																		
Case Number:    File Date:	Caption	ı:																
Part Ix: Supporting Documentation of exposure to indicate which documents you are submitting with this form.    Medical records and/or report containing a diagnosis   CT scans and any reports/interpretations   Depositions from lawsuits indicated in Part V of this Questionnaire   Death Certification   Death Certification																		
Court Name:    Dates of Your Own Exposure to Grace Asbestos-Containing Product:   From:	Case Nu	mber:				1 1 1						1 1	1 1					
Court Name:    Dates of Your Own Exposure to Grace Asbestos-Containing Product:   From:																		
Nature of Your Own Exposure to Grace Asbestos-Containing Product:    Dates of Your Own Exposure to Grace Asbestos-Containing Product:   From:	File Date	e:													$\neg$			
Nature of Your Own Exposure to Grace Asbestos-Containing Product:    Dates of Your Own Exposure to Grace Asbestos-Containing Product:   From:	Court N	ame:																
Dates of Your Own Exposure to Grace Asbestos-Containing Product:  From:																		
Dates of Your Own Exposure to Grace Asbestos-Containing Product:  From:																		
ease use the checklist below to indicate which documents you are submitting with this form.    Medical records and/or report containing a diagnosis   X-rays and reports/interpretations   CT scans and any reports/interpretations   Depositions from lawsuits indicated in Part   V of this Questionnaire   Supporting documentation of exposure to Grace   Death Certification		ın Tear																
ease use the checklist below to indicate which documents you are submitting with this form.    Medical records and/or report containing a diagnosis   CT scans and any reports/interpretations     Lung function test results/interpretations   Depositions from lawsuits indicated in Part     Pathology reports   V of this Questionnaire     Supporting documentation of exposure to Grace   Death Certification	Your B		ification	of Asl	bestos	-Cont		roduc	et as (	Frace	Prod	uct:						
<ul> <li>Medical records and/or report containing a diagnosis</li> <li>□ CT scans and any reports/interpretations</li> <li>□ Lung function test results/interpretations</li> <li>□ Depositions from lawsuits indicated in Part V of this Questionnaire</li> <li>□ Supporting documentation of exposure to Grace</li> <li>□ Death Certification</li> </ul>	Your B		ification				aining I											
diagnosis  CT scans and any reports/interpretations  Lung function test results/interpretations  Depositions from lawsuits indicated in Part V of this Questionnaire  Supporting documentation of exposure to Grace  Death Certification	Your B		ification				aining I											
□ CT scans and any reports/interpretations         □ Lung function test results/interpretations         □ Depositions from lawsuits indicated in Part         V of this Questionnaire         □ Supporting documentation of exposure to Grace       □ Death Certification		asis for Ident		PAR	T IX:	s SUP	PORTI	NG De	OCUN	MENT	[ATI	ON	m.					
□ Pathology reports □ Depositions from lawsuits indicated in Part V of this Questionnaire □ Supporting documentation of exposure to Grace □ Death Certification	ease use the	e checklist belo	ow to ind	PAR	T IX:	s SUP	PORTI	NG Do	OCUN lbmitt	<b>MENT</b>	T <b>ATI</b> O	ON s form		ns				
	ease use the	e checklist beloical records an	ow to indo	PAR icate w	T IX:	docum	PORTI	NG Do	OCUM abmitt	MENT	TATIO	ON s for	tatio		tions			
asbestos-containing products	ease use the  Medidiago	checklist beloical records an	ow to indo	PAR icate w	T IX:	docum	PORTI	NG Do	OCUM obmitted by and cans a constitution	MENT ing wi report and an	TATIO  th thi  rts/int  y repo	ON s for erpre orts/i suits	tatioi nterp	retat				
Supporting documentation of other asbestos exposure	ease use the  Medidiagn  Lung  Patho	e checklist belocical records an nosis function test blogy reports	ow to indond/or reported results/indone	PAR icate w	T IX:	docum g a	PORTI	are su X-ra CT s Depo	DCUM Obmitted by and a cans a consistion this C	MENT ing wi report and an as from	TATIO  th thi  rts/int  y repo  n law  onnair	ON s for erpre orts/i suits	tatioi nterp	retat				
ease sign the authorization attached as Appendix C to this Questionnaire permitting the disclosure of medical records and edical expenses (this release includes both doctors and hospitals).	ease use the  Mediago Lung Patho	checklist belowed the checklist belowed the checklist belowed to the checklist below t	ow to indometer results/independent	PAR icate w ort con-	T IX: which of taining tations	docum g a	PORTI	are su X-ra CT s Depo	DCUM Obmitted by and a cans a consistion this C	MENT ing wi report and an as from	TATIO  th thi  rts/int  y repo  n law  onnair	ON s for erpre orts/i suits	tatioi nterp	retat				
The executed release is attached	ease use the diagram Lung    Pathology   Suppasses   Supper exposes   Suppasses   Suppasse	e checklist belocical records an nosis grunction test bology reports forting documents orting documents orting documents are e authorizatione authorizatione.	ow to indomine of the content of the	PAR icate w ort com aterpre of expo	T IX: which of taining tations  osure to er asbee	docum g a s to Grace	PORTI	are su X-ra CT s Depo V of Deat	DCUM Obmitted by and a cans a	MENT ing wi I report and an as fror Questic	TATIO  Ith thi  rts/int  y repo  n law  onnair	ON s form erpre ports/i suits e	tation nterp indic	retat	l in P	art	ıl recor	ds and

#### PART X: ATTESTATION THAT INFORMATION IS TRUE AND COMPLETE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

#### TO BE COMPLETED BY THE INJURED PERSON.

	my knowledge, all of the information contained in this Questionnaire is true and equested information, the inclusion of which, would have a material effect on my
Signature:	_ Date:
Please Print Name:	
TO BE COMPLETED BY THE LEGAL REPRES	ENTATIVE OF THE INJURED PERSON.
	formation contained in this Questionnaire is true and accurate. I further swear inclusion of which, would have a material effect on the injured person's right to a
Signature:	_ Date:
Please Print Name:	

### APPENDIX A List of Debtors

W. R. Grace & Co. (f/k/a Grace Specialty Chemicals, Inc.)

W. R. Grace & Co. Conn., A-1 Bit & Tool Co., Inc.

Alewife Boston Ltd.

Alewife Land Corporation

Amicon, Inc.

CB Biomedical, Inc. (f/k/a Circe Biomedical, Inc.)

CCHP. Inc.

Coalgrace, Inc.

Coalgrace II, Inc.

Creative Food 'N Fun Company

Darex Puerto Rico, Inc.

Del Taco Restaurants, Inc.

Dewey and Almy, LLC (f/k/a Dewey and Almy Company)

Ecarg, Inc.

Five Alewife Boston Ltd.

GC Limited Partners I, Inc. (f/k/a Grace Cocoa Limited Partners I, Inc.)

GC Management, Inc. (f/k/a Grace Cocoa Management, Inc.)

**GEC Management Corporation** 

GN Holdings, Inc.

GPC Thomasville Corp.

Gloucester New Communities Company, Inc.

Grace A-B Inc.

Grace A-B II Inc.

Grace Chemical Company of Cuba

Grace Culinary Systems, Inc.

Grace Drilling Company

Grace Energy Corporation

Grace Environmental, Inc.

Grace Europe, Inc.

Grace H-G Inc.

Grace H-G II Inc.

Grace Hotel Services Corporation

Grace International Holdings, Inc. (f/k/a Dearborn International Holdings, Inc.)

**Grace Offshore Company** 

Grace PAR Corporation

Grace Petroleum Libya Incorporated

Grace Tarpon Investors, Inc.

Grace Ventures Corp.

Grace Washington, Inc.

W. R. Grace Capital Corporation.

W. R. Grace Land Corporation

Gracoal, Inc.

Gracoal II. Inc.

Guanica-Caribe Land Development Corporation

**Hanover Square Corporation** 

Homco International, Inc.

Kootenai Development Company

L B Realty, Inc.

Litigation Management, Inc. (f/k/a GHSC Holding, Inc., Grace JVH, Inc., Asbestos Management, Inc.)

Monolith Enterprises, Incorporated

Monroe Street, Inc.

MRA Holdings Corp. (f/k/a Nestor-BNA Holdings Corporation)

MRA Intermedco, Inc. (f/k/a Nestor-BNA, Inc.)

MRA Staffing Systems, Inc. (f/k/a British Nursing Association, Inc.)

Remedium Group, Inc. (f/k/a Environmental Liability Management, Inc., E&C Liquidating Corp., Emerson & Cuming, Inc.)

Southern Oil, Resin & Fiberglass, Inc.

Water Street Corporation

Axial Basin Ranch Company

CC Partners (f/k/a Cross Country Staffing)

Hayden-Gulch West Coal Company, H-G Coal Company.

## APPENDIX B Estimation Procedures Order

#### APPENDIX C

#### AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby authorize the use or disclosure of my individually identifiable protected health information ("PHI") as described below for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities covered under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") identified below disclose full and complete PHI spanning the time period of my date of birth to the present, including the following: all medical records, correspondence, laboratory reports, notes, radiology films, pharmacy/prescription records, billing records, and insurance records. This authorization is effective only to the extent allowed under the applicable state law. This release specifically does not authorize you to release any records pertaining to any mental health, (Check One) psychiatric, or psychological treatment without further express consent from me. The Debtor reserve the right to seek these additional records in the future. This release specifically does authorize you to release any records pertaining to any mental health, psychiatric, or psychological treatment without further express consent from me. Patient Name: Patient SSN: Patient Date of Birth: I authorize you to release the PHI to any employee, agent or lawyer of the Debtors. This authorization is limited to the release of PHI; it specifically does not authorize any persons/organizations authorized to make disclosures to discuss my PHI, medical care or treatment with any employee, agent or lawyer of the Debtors. Persons/Organizations Authorized to Make the Requested Disclosures I understand that I have the right to revoke this authorization at any time by writing to the Debtors and/or my health care providers listed above. I understand, however, that actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that this authorization is voluntary and that once this information has been disclosed it may be subject to re-disclosure and would no longer be protected by federal privacy regulations. I understand that the health care providers to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign this authorization. Any facsimile or photocopy of this authorization shall authorize you to release the records described herein. \_\_\_\_\_ Date: \_\_\_\_\_

If the Authorization is signed by a Personal Representative of the Individual, a description of such representative's authority to act for

the individual: