

DOUGLAS G. WAH, ESQ.

LAW OFFICES OF
FISHER & HURST
FOUR EMBARCADERO CENTER
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 856-8000

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

ATTORNEYS FOR
Specially Appearing
for Served Defendants

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF ALAMEDA

)	NO:
)	
Plaintiff,)	DEFENDANTS' STANDARD
)	INTERROGATORIES TO
vs.)	<u>PLAINTIFF</u>
)	
FIREBOARD CORPORATION, et al.,)	(Wrongful Death)
)	
Defendant.)	
_____)	

PROPOUNDED:	ON BEHALF OF DEFENDANTS
COORDINATING DEFENDANT:	Please contact _____ with any questions concerning these interrogatories, including exten- sions of time, etc.
RESPONDING PARTY:	Plaintiff,
SET NUMBER:	WRONGFUL DEATH I (WD I)
Mailed: _____	Plaintiff's Atty: _____
Due Date: _____	

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

INTRODUCTION

These written questions are "interrogatories" submitted to you under the provisions of Section 2030 of the Code of Civil Procedure of California. You are required to respond separately and fully to each of these questions. Your answer must be responsive to the question which is asked.

You are required to serve your responses to these questions on each party not later than thirty (30) days after the date on which these questions were served on your attorneys.

If any defendant is not satisfied with the responses to these interrogatories, any one defendant, after consultation with the coordinating defendant, may move to compel appropriate responses under the applicable California Code of Civil Procedure sections and after complying with Local Rules of court.

In answering these questions, you are required to furnish all information which is available to you, even if you do not have personal knowledge of the answer. This means that you must furnish all information on the subject covered by the questions which your attorneys, assistants, advisors or investigators may have, even if they had not told you about it up to the time you answered these questions.

If you cannot answer one of these questions fully, you still have to furnish all of the information which you do have and then you must explain why you cannot answer any further.

//

DEFINITIONS

1
2 1. "Document(s)" or "Writing(s)" shall include all
3 writings as defined by the California Evidence Code.

4 2. A request to "identify" a writing or document means a
5 request to either attach such as an exhibit to your answers to
6 these interrogatories, or to describe such with sufficient
7 specificity that it may be made the subject of a request for
8 production of documents. Your description should include,
9 without limitation, an indication of: (a) the author; (b)
10 addressee(s); (c) its date; (d) the nature of the writing or
11 document (e.g., letter, telephone memorandum, audio tape
12 recording, photograph, etc.); (e) a summary or description of
13 the contents; and (f) the present location and custodian
14 thereof.

15 3. A request to "identify" an oral communication shall
16 mean a request to describe these communication with
17 particularity, and shall include, without limitation, the
18 following information: (a) the identity of all parties to the
19 communication; (b) the identity of the person whom you contend
20 initiated the communication; (c) the identity of all persons
21 present at the time of the communication; and (d) the time,
22 date and place of the communication.

23 4. A request to "identify" a person or individual means
24 to state his or her name, place of employment, present business
25 or home address and present business or home telephone number.

26 //

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

(i) Military Serial Number: _____

(j) Government Serial Number: _____

(k) Driver's License Number & State: _____

(l) All of the names by which you have been known:

(m) Highest grade level completed: _____

(n) Current Spouse's Name: _____

(o) Date of Current Marriage: _____

(p) Name of any Former Spouse: _____

(q) Date of any Former Marriage: _____

(r) Place, date and circumstances under which any
marriage(s) was (were) dissolved or terminated:

ANSWER:

INTERROGATORY NO. 2:

Please state for the decedent:

(a) Name:

First _____ Middle _____ Last _____

(c) Date of Birth: _____

(d) Date of Death: _____

(e) Last Residence Address: _____

(f) Height: _____ Weight: _____

(g) Social Security Number: _____

(h) Kaiser Number: _____

(i) Government Serial Number: _____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

- (j) Military Serial Number: _____
- (k) Driver's License Number & State: _____
- (l) All of the names by which the Decedent Was Known:

- (m) Highest grade level completed: _____
- (n) Spouse's Name: _____
- (o) Spouse's Date of Birth: _____
- (p) Date of Marriage: _____
- (q) Spouse's Current Address: _____
- (r) Spouse's Occupation/Employer: _____
- (s) Name of any Former Spouse(s): _____
- (t) Date of any Former Marriage(s): _____
- (u) Place, date and circumstances under which any marriage(s) was (were) dissolved or terminated.

ANSWER:

INTERROGATORY NO. 3:

For each child of the decedent, of any marriage (either natural or adopted), state: (Attach additional sheets, if necessary.)

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 INTERROGATORY NO. 4:

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

4 (a) Name of parent(s);

5 (b) Current age(s)

6 (c) Any history of cancer or respiratory disease.

7 ANSWER:

8
9
10 INTERROGATORY NO. 5:

11 If either of the decedent's natural parents are deceased,
12 please state for each parent:

13 (a) Name of deceased parents(s)

14 (b) Date of death; and

15 (c) Place where the deceased parent(s)'s death certificate
16 is filed.

17 ANSWER:

18
19
20 INTERROGATORY NO. 6:

21 Have any of decedent's blood relatives (parents,
22 grandparents, siblings, aunts, uncles, cousins) had cancer of
23 any type? If so, please state:

24 (a) The name and exact relationship to the decedent of
25 each such person;

26 //

1 (b) The present residence address for each such living
2 person.

3 INTERROGATORY NO. 7:

4 If any person identified in your answer to Interrogatory
5 No. 6 is deceased, please state for each such person:

6 (a) His/Her complete name;

7 (b) Date of death;

8 (c) Place of death;

9 (d) Place where his/her death certificate would be on
10 file; and

11 (e) Cause of death.

12 ANSWER:

13
14 INTERROGATORY NO. 8:

15 State the complete address of each of the decedent's
16 residences from January first of the year in which you contend
17 that the decedent was first exposed to asbestos to the present,
18 and the inclusive dates of each period of such residence.

19 ANSWER:

20
21
22 INTERROGATORY NO. 9:

23 Please state the decedent's educational background and
24 identify all institutions attended, the date graduated from
25 each institution, the major course of study and any special
26 scholastic honors or degrees received.

1 ANSWER:

2
3
4
5 INTERROGATORY NO. 10:

6 Were either you or the decedent ever convicted of a
7 felony? If so, please state fully and in detail the date,
8 place and nature of each such felony conviction.

9 ANSWER:

10
11
12
13 INTERROGATORY NO. 11:

14 Had the decedent ever been a member of the Armed Forces?
15 If so, please state: each branch of service in which the
16 decedent served; the inclusive dates of service; the date of
17 discharge from active duty; the decedent's service number; each
18 place (e.g., fort, base, station, etc.) at which the decedent
19 served; and duties at each place. If decedent was not a member
20 of the Armed Forces for health reasons, please state such
21 reasons.

22 ANSWER:

1 INTERROGATORY NO. 12:

2 For every doctor who ever treated or examined the decedent
3 during the last ten (10) years preceding death for any
4 condition, and beyond ten (10) years for conditions related to
5 the lungs, respiratory system, internal organs, circulatory
6 system and/or musculo-skeletal system of the trunk, and any
7 additional complaints or conditions stated in Response to
8 Interrogatory No. 18, please complete the following: (If more
9 space is needed, please attach additional sheets containing the
10 requested information.)

<u>Doctor's Name and Address</u>	<u>Dates of Treatment</u>
_____	_____
_____	_____
_____	_____
_____	_____

16 Reason for Treatment

17 _____

18 _____

19 _____

20 _____

<u>Doctor's Name and Address</u>	<u>Dates of Treatment</u>
_____	_____
_____	_____
_____	_____
_____	_____

26 //

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Reason for Treatment

Doctor's Name and Address

Dates of Treatment

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Reason for Treatment

Doctor's Name and Address

Dates of Treatment

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Reason for Treatment

//

1 INTERROGATORY NO. 13:

2 For every hospital in which the decedent was ever treated,
3 tested, or examined, whether as an "in-patient" or as an
4 "out-patient" during the last ten (10) years preceding death
5 for any condition, and beyond ten (10) years for conditions
6 related to the lungs, respiratory system, internal organs,
7 circulatory system, and/or musculo-skeletal system of the
8 trunk, and any additional complaints or conditions stated in
9 Response to Interrogatory No. 18, please complete the
10 following: (If more space is needed, please attach additional
11 sheets containing the requested information.)

<u>Name and Address of Hospital</u>	<u>Dates of Tests, Treatment, Examination or Hospitalization</u>
_____	_____
_____	_____
_____	_____
_____	_____

18 Reason for Hospital Visit

19 _____
20 _____
21 _____
22 _____

<u>Name and Address of Hospital</u>	<u>Dates of Tests, Treatment, Examination or Hospitalization</u>
_____	_____
_____	_____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Reason for Hospital Visit

Name and Address of Hospital

Dates of Tests, Treatment, Examination or Hospitalization

Reason for Hospital Visit

Name and Address of Hospital

Dates of Tests, Treatment, Examination or Hospitalization

Reason for Hospital Visit

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

<u>Name and Address of Hospital</u>	<u>Dates of Tests, Treatment, Examination or Hospitalization</u>
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Hospital Visit

INTERROGATORY 14:

For every X-ray of the "trunk" that was ever taken of the decedent, please complete the following: (If more space is needed, please attach additional sheets containing the requested information.)

<u>Name and Address Where X-ray was Taken</u>	<u>Date(s) of X-ray No. X-rays Taken</u>	<u>Part(s) of Body X-rayed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

//
//
//

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Results, Conclusions, and/or Diagnosis from each X-ray

<u>Name and Address Where X-ray was Taken</u>	<u>Date(s) of X-ray No. X-rays Taken</u>	<u>Part(s) of Body X-rayed</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Results, Conclusions, and/or Diagnosis from each X-ray

<u>Name and Address Where X-ray was Taken</u>	<u>Date(s) of X-ray No. X-rays Taken</u>	<u>Part(s) of Body X-rayed</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Results, Conclusions, and/or Diagnosis from each X-ray

1	Name and Address	Date(s) of X-ray	Part(s) of
2	<u>Where X-ray was Taken</u>	<u>No. X-rays Taken</u>	<u>Body X-rayed</u>
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

7 Results, Conclusions, and/or Diagnosis from each X-ray
 8 _____
 9 _____
 10 _____
 11 _____

12 INTERROGATORY 15:

13 For every pulmonary function test that the decedent had
 14 ever undergone, please complete the following: (If more space
 15 is needed, please attach additional sheets containing the
 16 requested information.)

17	Name and Address Where Test Was Performed	Date(s) of Tests
18	_____	_____
19	_____	Name of Doctor Administering and/or Interpreting Test
20	_____	_____
21	_____	_____

22 Results, Conclusions, and/or Diagnosis from each Test
 23 _____
 24 _____
 25 _____
 26 _____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Name and Address Where
Test Was Performed

Date(s) of Tests

Name of Doctor Administering
and/or Interpreting Test

Results, Conclusions, and/or Diagnosis from each Test

Name and Address Where
Test Was Performed

Date(s) of Tests

Name of Doctor Administering
and/or Interpreting Test

Results, Conclusions, and/or Diagnosis from each Test

1 INTERROGATORY 16:

2 Describe the name and quantity of each type of drug,
3 tranquilizer, sedative or other medication taken or used by
4 decedent during the last ten (10) years of the decedent's life,
5 specifying the frequency and purpose of use.

6 ANSWER:
7
8
9

10 INTERROGATORY 17:

11 Do you or your attorney have any medical reports from any
12 persons, hospitals, doctors, medical practitioners or
13 institutions that have ever treated or examined the decedent at
14 any time? If so, please attach copies of your reports to these
15 interrogatories. If you will not voluntarily attach copies of
16 reports to the answers of these interrogatories, then please
17 state fully and in detail:

18 (a) The identity of the report, or reports, by date,
19 subject matter, name, address, job title or capacity of the
20 persons to whom it is addressed or directed and the job title
21 or capacity of the persons or persons who prepared the same;

22 (b) The name, address and present whereabouts of the
23 person who has present custody or control thereof and the
24 purpose of said preparation.

25 //

26 //

1 ANSWER:

2
3
4
5
6
7 INTERROGATORY 18:

8 For each and every complaint, symptom, adverse reaction or
9 other injury which you contend is directly or indirectly
10 related to the decedent's alleged exposure to asbestos or
11 asbestos-containing products, please state:

12 (a) The nature and description of such symptom,
13 complaint, adverse reaction or injury;

14 (b) The disease, disability or physical condition to
15 which said symptom is related and the nature and extent of such
16 relationship;

17 (c) The date, time, place and manner in which such
18 complaint, symptom, adverse reaction or injury first manifested
19 itself or was made known to the decedent, including all
20 pertinent information as to the source of such knowledge;

21 (d) Any physical change in the appearance of the decedent
22 occasioned by such complaint, symptom, adverse reaction or
23 injury;

24 (e) Each part of the decedent's body which you contend
25 was affected;

26 (f) The date upon which each complaint, symptom, adverse
reaction or injury was reported to a doctor or physician;

1 (g) The name, address and telephone number of each such
2 physician to whom said complaint, symptom, adverse reaction or
3 injury was reported;

4 (h) Whether you claim that such injury caused the
5 decedent to suffer a "disability" as that term is used in Code
6 of Civil Procedure § 340.2, and if so, when you believe that
7 the decedent first suffered such "disability."

8 ANSWER:

9
10
11
12
13
14
15 INTERROGATORY 19:

16 Please state when you were first advised that the decedent
17 was suffering from an asbestos-related disease. Please include
18 in your answer:

19 (a) The date and time of such determination;

20 (b) The name, address and telephone number of the
21 physician making such a determination;

22 (c) The method and information upon which such
23 determination was based;

24 (d) The name, address and telephone number of any
25 hospital, medical institution, laboratory, physician, nurse,
26 laboratory, technician, etc., involved in any part of such

1 determination;

2 (e) The name, address and telephone number of every
3 person, including decedent's relatives, employer or anyone
4 acting in the decedent's behalf, to whom such determination was
5 made known. Please include the date, time and place of such
6 revelation, and the name, address and telephone number of
7 anyone witnessing said revelation;

8 (f) The name, address and telephone number of the
9 decedent's employer(s) at the time you were so advised;

10 (g) The specific course(s) of treatment or therapy,
11 including any medicine prescribed, as a result of such a
12 determination and the name, phone number and telephone number
13 of each prescribing physician;

14 (h) State whether the decedent followed the medication or
15 therapy regime prescribed by each of the said physicians for
16 the treatment of said complaint, symptom, adverse reaction or
17 injury; and

18 (i) Please state the names and addresses of any other
19 physicians or practitioners subsequently affirming or making
20 the same determination.

21 ANSWER:

1 INTERROGATORY 20:

2 Did any of the said treating physicians inform the decedent
3 at any time that the complaints, symptoms, adverse reactions or
4 injuries may have been caused by factors other than exposure to
5 asbestos or asbestos-containing products? If so, please state:

6 (a) The other factors or reasons involved;

7 (b) The names, addresses and telephone numbers of the
8 physicians believing or suspecting such other factors or
9 reasons to be involved;

10 (c) The dates that said physicians told the decedent that
11 they believed or suspected that other factors or reasons might
12 be involved; and

13 (d) The reason that said factors or reasons were excluded
14 as possible sources or causes of the symptoms.

15 ANSWER:

16
17
18
19
20
21
22
23
24 INTERROGATORY 21:

25 Was a Death Certificate prepared after the death of the
26 decedent? If so, state:

- 1 (a) Whether it was filed;
2 (b) The office in which it was filed;
3 (c) The address and occupation of the person listed on
4 the certificate as the informant;
5 (d) The relationship to or connection with decedent of
6 the person listed as the informant;
7 (e) The name, address and specialty of each doctor
8 furnishing information appearing on the Death Certificate;
9 (f) The immediate cause of death shown on the Death
10 Certificate; and
11 (g) The exact time, date, and place of death shown on the
12 Death Certificate.

13 ANSWER:
14
15
16

17 INTERROGATORY 22:

18 Was an autopsy performed on the body of the decedent? If
19 so, for each autopsy, state:

20 (a) The name, address, and official capacity of each
21 person authorizing or ordering the autopsy;

22 (b) The relationship to or connection with decedent of
23 each person authorizing or ordering the autopsy;

24 (c) Why the autopsy was ordered;

25 (d) The name, address, occupation and professional
26 specialty of each person performing the autopsy;

- 1 (e) The time and date the autopsy was performed;
2 (f) The cause of death shown by the autopsy;
3 (g) The name, address, and occupation of each person
4 having custody of the report of the results of the autopsy; and
5 (h) Whether you have or can obtain a copy of the autopsy
6 report, or if you will do so without a motion to produced,
7 attach a copy of each autopsy report to your answers to these
8 interrogatories.

9 ANSWER:

10
11
12
13 INTERROGATORY 23:

14 Do you know of any pathology slides that were made of any
15 tissue samples of the decedent at any time? If your answer is
16 in the affirmative, for each set of slides made please state:
17 (If more than one, please attach list.)

- 18 (a) The name of the hospital;
19 (b) The name of the doctor;
20 (c) The current location; and
21 (d) The date said slides were made.

22 ANSWER:

23
24
25
26 //

1 INTERROGATORY 24:

2 Please state the name, address, and telephone number of
3 each and every physician not identified above to whom the
4 decedent's records were submitted for analysis, review, and who
5 subsequently examined the decedent, excepting consultants.

6 ANSWER:

7
8
9
10 INTERROGATORY 25:

11 Had the decedent ever suffered any personal injuries or
12 illnesses other than those involved in this lawsuit? If yes,
13 state for each such injury:

14 (a) The date, place, names of persons involved, and
15 circumstances surrounding such injury or illness;

16 (b) The nature and extent of the injuries or illnesses
17 including any ill effects or disabilities remaining at the time
18 of the last treatment or examination;

19 (c) The nature and extent of the injuries or illnesses
20 including all ill effects or disabilities remaining at the time
21 of death of decedent;

22 (d) The names and addresses of all persons who treated or
23 examined decedent, together with the date of last treatment or
24 examination; and

25 (e) The nature, source and amount of any disability
26 benefits, pensions or other payments for such injuries or

1 illnesses.

2 ANSWER:

3
4
5
6 INTERROGATORY 26:

7 Did the decedent ever smoke tobacco products of any type?

8 ANSWER:

9
10
11 INTERROGATORY 27:

12 If your response to the above interrogatory is "yes,"
13 please state fully and in detail:

14 (a) The dates and time periods during which the decedent
15 smoked;

16 (b) The type of tobacco products the decedent smoked.
17 Please state whether the decedent inhaled the smoke or not;

18 (c) The daily frequency with which the decedent smoked;

19 (d) For any time period during which the decedent ceased
20 smoking tobacco products, please state the reasons for stopping;

21 (e) For any time period that the decedent commenced
22 smoking tobacco products after a period of having stopped
23 smoking, please state the reasons for beginning again;

24 (f) If the decedent ever smoked cigarettes, please state
25 the average number of packs per day so consumed; and

26 (g) Please state the commercial brand name(s) of any

1 tobacco products that the decedent used.

2 ANSWER:

3
4
5 INTERROGATORY 28:

6 Was the decedent ever advised by a physician to stop
7 smoking? If so, give the date and the name and address of each
8 physician who gave any such advice. Please state whether the
9 decedent followed such advice; if so, for how long. If not,
10 state why not.

11 ANSWER:

12
13
14
15 INTERROGATORY 29:

16 Describe the extent to which the decedent drank alcoholic
17 beverages during the decedent's lifetime, specifying the
18 particular kind of alcoholic beverages and the quantity
19 consumed per week.

20 ANSWER:

21
22
23
24 INTERROGATORY 30:

25 For every type of employment that the decedent has ever
26 had, whether self-employed or employed by others, please

1 complete the following: (If more space is needed, please
2 attach additional sheets containing the requested information.)
3

Employers' Name and Address	Job Title	Date Started - Date Ended (mo, day, year)
_____	_____	_____
_____	_____	_____

8 Description of Job Duties:
9 _____
10 _____
11 _____
12 _____

13 Do you or your attorneys claim that the decedent was
14 exposed to asbestos at this employment? Yes _____ No _____

Employers' Name and Address	Job Title	Date Started - Date Ended (mo, day, year)
_____	_____	_____
_____	_____	_____

19 Description of Job Duties:
20 _____
21 _____
22 _____
23 _____

24 Do you or your attorneys claim that the decedent was
25 exposed to asbestos at this employment? Yes _____ No _____
26

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

<u>Employers' Name and Address</u>	<u>Job Title</u>	<u>Date Started - Date Ended (mo, day, year)</u>
_____	_____	_____
_____	_____	_____

Description of Job Duties:

Do you or your attorneys claim that the decedent was exposed to asbestos at this employment? Yes _____ No _____

<u>Employers' Name and Address</u>	<u>Job Title</u>	<u>Date Started - Date Ended (mo, day, year)</u>
_____	_____	_____
_____	_____	_____

Description of Job Duties:

Do you or your attorneys claim that the decedent was exposed to asbestos at this employment? Yes _____ No _____

INTERROGATORY NO. 31:

For each employment in which you or your attorneys claim the decedent was exposed to asbestos, please list:

- 1 (a) The dates of your claimed exposure to asbestos;
2 (b) The manner and duration of exposure;
3 (c) Whether the decedent's duties included the
4 installation of asbestos-containing materials;
5 (d) Whether the decedent's duties included the tearing
6 out or removal of asbestos-containing materials;
7 (e) The type of asbestos-containing materials to which
8 the decedent was exposed;
9 (f) The location of each job site, including the name of
10 each plant, state and city where located, along with the
11 beginning and ending date of each job;
12 (g) If the decedent at any time worked in a shipyard,
13 please identify the names of all ships upon which you worked;
14 (h) For each such job identified in response to subparts
15 (f) and/or (g), please state the name and last known address of
16 the decedent's immediate supervisor or job superintendent on
17 such job;
18 (i) For each such job identified in response to subparts
19 (f) and/or (g), please state the names and last know addresses
20 of all persons with whom the decedent worked regularly on such
21 job;

22 ANSWER:
23
24
25
26

1 INTERROGATORY NO. 32:

2 Was you ever exposed to asbestos products outside of the
3 work environment? If so, please state:

- 4 (a) Date and place of such exposure;
5 (b) The circumstances surrounding each exposure; and
6 (c) The manner and duration of exposure.

7 ANSWER:
8
9
10
11

12 INTERROGATORY NO. 33:

13 For each type of asbestos material and/or
14 asbestos-containing product for which you or your attorney
15 claim that the decedent was exposed, please state:

- 16 (a) The employer, job site and dates were contact with
17 each such asbestos material or product occurred;
18 (b) The name of the manufacturer of that asbestos
19 material or product;
20 (c) The trade name of that material or product;
21 (d) Any name used by the decedent or other workers in
22 referring to that material or product, such as nickname or
23 slang term of that material or product;
24 (e) A description of the box or container or wrapping
25 that contained that product, including size, color and all
26 writing on that box, including size and color or writing; and

1 (f) A description of any labels, tags or warnings on the
2 box, container or wrapping advising of possible health hazards
3 or advising of methods of use or precautions to be taken.

4 ANSWER:

5
6
7
8
9 INTERROGATORY NO. 34:

10 At any location where you or your attorney claim the
11 decedent was exposed to asbestos, were there any carto:
12 containers or wrappings bearing the name, the trade name or any
13 other identification of any of the defendants in this lawsuit?
14 If so, please state separately for each defendant:

15 (a) Each location, the inclusive dates and the frequency
16 that these cartons, containers or wrappings were present;

17 (b) The identity of each person who can testify that such
18 cartons, containers or wrappings were present;

19 (c) The identity of each document that indicates that
20 such cartons, containers or wrappings were present;

21 (d) The type of asbestos material and/or
22 asbestos-containing products which were contained in each
23 carton, container or wrapping.

24 ANSWER:

25

26

1 INTERROGATORY NO. 35:

2 If the decedent was ever exposed to asbestos products
3 manufactured by companies not named as defendants in this
4 lawsuit, please state:

5 (a) The identity of the manufacturer of said product;

6 (b) The date and place of each such exposure;

7 (c) The circumstances surrounding each such exposure
8 (i.e., whether you were working with the product or merely near
9 an area where it was being used);

10 (d) The nature of the product; and

11 (e) As to any such exposure in a work situation, the
12 identity of the decedent's employer, as well as the address of
13 the particular job site at which you was so exposed.

14 ANSWER:

15
16
17
18
19 INTERROGATORY NO. 36:

20 To the best of your personal knowledge, based on any
21 information decedent may have communicated to you, what
22 percentage of your total alleged contact or exposure to
23 asbestos or materials containing asbestos do you attribute to
24 each individual or entity which you claim was a manufacturer or
25 supplier of asbestos or materials containing asbestos?

26 (a) Please indicate the manner and factors relied upon in

1 making each usch percentage calculation;

2 (b) Please state the identity, capacities and job titles
3 of all individuals assisting you or otherwise involved in
4 calculating the above percentages;

5 (c) Please identify all documents, writings or other
6 records, if any relied upon in calculating the percentages
7 referred to above and further, state the present location and
8 the identity of the present custodian of each such document or
9 writing;

10 (d) If you are unable to attribute such percentages,
11 please state all efforts you have made to ascertain such
12 percentages.

13 ANSWER:

14
15
16
17 INTERROGATORY NO. 37:

18 For each person that worked with the decedent during any
19 time in which you claim that the decedent was exposed to
20 asbestos, please state:

21 (a) That person's name;

22 (b) That person's place of employment where said asbestos
23 exposure occurred;

24 (c) The inclusive dates during which decedent worked with
25 that person;

26 (d) The current address of that person; and

1 (e) The current phone number of that person.

2 ANSWER:

3
4
5

6 INTERROGATORY NO. 38:

7 For any person that you or your attorney is aware of that
8 can identify the supply, use or distribution of products
9 containing asbestos to which decedent may have been exposed,
10 please state:

- 11 (a) That person's name;
- 12 (b) That person's place of employment;
- 13 (c) The dates of said employment;
- 14 (d) The address of said person; and
- 15 (e) The phone number.

16 ANSWER:

17
18
19

20 INTERROGATORY NO. 39:

21 Please identify by date, purchaser, seller and product each
22 and every invoice, bill or statement in your possession, or
23 your attorney's which demonstrate the sale of any products
24 containing asbestos to any of the places of employment at which
25 you claim that the decedent was exposed to asbestos.

26 //

1 ANSWER:

2

3

4

5 INTERROGATORY NO. 40:

6

7

8

9

10

11

Other than as identified above, did the decedent at any time receive or have knowledge of any advice, whether written or oral, which purported to advise or warn the decedent of the possible harmful affects of exposure to, or inhalation of, asbestos or asbestos-containing products? If so, please state:

//

12

13

(a) The nature and exact wording of such advice, warning, etc.;

14

15

(b) The date, time, place, manner and circumstances when each such advice, warning, recommendation, etc., was given; and

16

17

(c) Identify each witness to the reception of such advice, warning, etc.

18

ANSWER:

19

20

21

22

INTERROGATORY NO. 41:

23

24

25

26

Did anyone every suggest or recommend that the decedent should wear a respirator or dust mask to reduce exposure to, or inhalation of asbestos dust or fibers? If your answer is in the affirmative, please state for each and every such person:

1 (a) The name, address and telephone number;

2 (b) The date, time and place when such suggestion or
3 recommendation was made;

4 (c) The name, address and telephone number of each person
5 present when such suggestion or recommendation was made to or
6 received by the decedent;

7 (d) The exact wording and content of such suggestion or
8 recommendation;

9 (e) The type, make and model of each device referred to in
10 each suggestion or recommendation?

11 (g) The nature of any action, if any taken by you in
12 response to such suggestion or recommendation; and

13 (h) Describe in detail the reasons for any response to
14 such suggestion or recommendation, short of complete
15 conformance thereto.

16 ANSWER:

17

18

19

20

21 INTERROGATORY NO. 42:

22 Did the decedent ever see any warning labels on packages or
23 containers of asbestos products? If so, please state:

24 (a) The type of product;

25 (b) The name of the manufacturer;

26 (c) Where the decedent saw the labels;

- 1 (d) On what occasions the decedent saw the labels; and
2 (e) The nature of the warnings.

3 ANSWER:

4

5

6

7

INTERROGATORY NO. 43:

8 Was the decedent ever discharged from, or did the decedent
9 every voluntarily leave a position due to health problems? If
10 so, please state in detail the time, name of employer, place
11 and circumstances.

12 ANSWER:

13

14

15

16

INTERROGATORY NO. 44:

17

18

19

20

Please state whether any of the decedent's employers either
required or made available physical examinations for their
employees. If such physical examinations have either been
required or made available to you, please state:

21

(a) The nature and extent of examinations;

22

(b) The frequency of examinations;

23

(c) Whether they were required or optional;

24

(d) Whether x-ray examination was included;

25

(e) The frequency, including specific dates and times with

26

which the decedent submitted to such examinations;

1 (f) Whether the decedent received the results of any such
2 examinations; the dates that the results were given, and the
3 nature of the results;

4 (g) The name, address and telephone number of the
5 examining physician, nurse or technician; and

6 (h) Any reasons for failing to submit to such examination
7 when required or made available, if the decedent did so fail to
8 submit.

9 ANSWER:

10
11
12 INTERROGATORY NO. 45:

13 Was the decedent ever a member of any labor union,
14 including, but not limited to, the Heat, Frost, Insulation and
15 Asbestos workers Union? If your answer is "yes," please state
16 for each such union membership:

17 (a) The name, address and telephone number of each such
18 international union and its number, along with the local number
19 of each such union;

20 (b) The date and time periods during which you maintained
21 membership in such union; and

22 (c) Any offices decedent held or committees on which the
23 decedent served in such union, including the dates of such
24 service.

25 //

26 //

1 ANSWER:

2
3
4
5 INTERROGATORY NO. 46:

6 Did the decedent ever receive a copy of the publication
7 known as "The Asbestos Worker"? If so, please state:

8 (a) The manner of receipt, i.e., subscription, provided by
9 union or employer, purchased, etc.;

10 (b) Frequency of receipt, i.e., regularly, occasionally,
11 rarely, etc.;

12 (c) The name, address and telephone number of each and
13 every person or entity which provided this publication to the
14 decedent;

15 (d) The pertinent dates and time periods during which the
16 decedent received said publication; and,

17 (e) The publication date, issue and volume number of each
18 issue received by the decedent in any fashion.

19 ANSWER:

20
21
22
23 INTERROGATORY NO. 47:

24 Was the decedent a member of a labor union other than the
25 International Association of Heat and Frost Insulators and
26 Asbestos Workers?

1 ANSWER:

2
3 INTERROGATORY NO. 48:

4 Did any union publications that decedent received, not
5 mentioned above, ever discuss the subject of worker exposure to
6 asbestos? If so, please state:

7 (a) The name and type of publication; and

8 (b) The date or dates that such publication discussed the
9 subject of asbestos and the nature of said discussion.

10 ANSWER:

11
12
13
14 INTERROGATORY NO. 49:

15 Did the decedent ever attend any international or local
16 union meetings, seminars, conferences, or conventions where the
17 subject of occupational health, and in particular, exposure to
18 asbestos was discussed? If so, please identify:

19 (a) The date and place of such meeting, seminar,
20 conference or convention;

21 (b) The reason and/or official capacity for the decedent
22 attending;

23 (c) The name and address of the speaker;

24 (d) A summary of the information presented concerning
25 exposure to asbestos; and

26 (e) The names and addresses of any persons with whom the

1 decedent discussed the information presented.

2 ANSWER:

3

4

5 INTERROGATORY NO. 50:

6 If the decedent was not employed at the time of death,
7 please state the last date the decedent worked, and the reason
8 for discontinuing work: (i.e., retirement, lay-off,
9 disability, illness, etc.).

10 ANSWER:

11

12

13

14 INTERROGATORY NO. 51:

15 If the decedent was not working at or about the date of
16 death due to a disability, please state:

17 (a) The nature of the disability;

18 (b) The date of the disability;

19 (c) Whether the decedent was receiving any form of
20 disability pension; and

21 (d) If so, please state from whom the pension was received
22 and the monthly amount of such pension.

23 ANSWER:

24

25

26

1 INTERROGATORY NO. 52:

2 Did the decedent, during the last ten years of decedent's
3 life, engage in any other activity or participate in any way in
4 any business designed to produce income not mentioned in the
5 preceding interrogatories?

6 ANSWER:

7
8 INTERROGATORY NO. 53:

9 If so, for each such activity or business, state:

10 (a) A description of the activity or business;

11 (b) The amount of time decedent devoted to the activity or
12 business during each of the last ten years of decedent's life;
13 and

14 (c) The amount of income received from the activity or
15 business for each of the last ten years of decedent's life.

16 ANSWER:

17
18
19
20 INTERROGATORY NO. 54:

21 State fully and in detail your annual earnings and the
22 decedent's annual earnings for the last ten years of decedent's
23 life:

24 //

25 //

26 //

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

<u>Decedent</u>		<u>Plaintiff</u>	
<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTERROGATORY NO. 55:

State the total hospital expenses, if any, that the decedent incurred to date as a result of the injuries, complaints, etc., which you attribute to the decedent's alleged exposure to asbestos. Please itemize each charge, if more than one hospital is involved.

ANSWER:

INTERROGATORY NO. 56:

State the total medical expense (other than hospitalization) that the decedent incurred, or which was

1 incurred on the decedent's behalf, as a result of the injuries,
2 complaints, etc., which you attribute to the decedent's alleged
3 exposure to asbestos, itemizing each such charge.

4 ANSWER:

5
6
7
8 INTERROGATORY NO. 57:

9 Has any insurance company, union or any other person, firm
10 or corporation paid for, or become obligated to pay for, any
11 medical or hospital expenses incurred by the decedent as a
12 result of the alleged exposure to asbestos? If so, please list
13 such expenses, itemizing the dates incurred, the nature of such
14 expenses and the name and address of the insurance company,
15 union, person, firm or corporation who, or which, has paid, or
16 is obligated to pay for, the payment of, or reimbursement for,
17 said expenses.

18 ANSWER:

19
20
21
22
23 INTERROGATORY NO. 58:

24 What is the name and address of each undertaker and each
25 funeral home which attended to decedent's remains?

26 //

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

ANSWER:

INTERROGATORY NO. 59:

Was the decedent buried? If so, state:

(a) The date of burial;

(b) The place of burial, name of the cemetery or other place and its location.

ANSWER:

INTERROGATORY NO. 60:

Was the decedent cremated? If so, state:

(a) The date of the cremation;

(b) The place of cremation.

ANSWER:

INTERROGATORY NO. 61:

Please list, item by item, all expenses which were incurred in connection with the funeral, burial, cremation or other means of attending to decedent's remains' and the name, address and relationship to decedent of each person incurring liability or contribution to the payment of such expenditures, listing the portion of the liability incurred by each and the portion

1 of expenditures paid by each.

2 ANSWER:

3
4
5 INTERROGATORY NO. 62:

6 Had decedent ever at any time made a claim for, or
7 received, any health or accident insurance benefits, Workers
8 Compensation payments, disability benefits, pension, accident
9 compensation payments or Veterans' disability compensation
10 awards? If so, state for each: (If more than one, please
11 attach a list.) The illnesses, injury or injuries for which
12 decedent made the claim;

13 (a) The names and addresses of decedent's employer(s) at
14 the time of each injury or illness;

15 (b) The names and addresses of the examining doctors for
16 each injury or illness;

17 (c) The name of the board, tribunal or superior officer
18 before which or to whom the claim or claims were made or filed;

19 (d) The date the claim was made or filed;

20 (e) The claim, file or other number by which the claim was
21 identified;

22 (f) The amount of the benefits, awards or payments;

23 (g) The dates covering the times during which the
24 benefits, awards or payments were received;

25 (h) The agency or insurance companies from whom decedent
26 received the awards, benefits or payments; and

1 (i) Decedent's employer at the time of such claim.

2 ANSWER:

3
4
5
6
7
8
9 INTERROGATORY NO. 63:

10 Identify by number, date, jurisdiction, and current status,
11 any Workers' Compensation proceeding which has been filed with
12 respect to any of the matters alleged in the complaint.

13 ANSWER:

14
15
16 INTERROGATORY NO. 64:

17 Had decedent ever filed a suit for damages for any personal
18 injury? If yes, please state:

19 (a) The names and addresses of all plaintiffs, defendants,
20 and other parties and their attorneys;

21 (b) The court and place where each suit was filed and the
22 date of filing;

23 (c) The nature and extent of the injuries claimed; and

24 (d) The present status of each suit, and if concluded, the
25 final result thereof, including the amount of any settlement or
26

1 judgment.

2 ANSWER:

3
4
5
6
7 INTERROGATORY NO. 65:

8 Have you ever filed a suit for damages for any personal
9 injury? If yes, please state:

10 (a) The names and addresses of all plaintiffs, defendants,
11 and other parties and their attorneys;

12 (b) The court and place where each suit was filed and the
13 date of filing;

14 (c) The nature and extent of the injuries claimed; and

15 (d) The present status of each suit, and if concluded, the
16 final result thereof, including the amount of any settlement or
17 judgment.

18 ANSWER:

19
20
21
22
23 INTERROGATORY NO. 66:

24 Have you received any compensation of any nature whatsoever
25 from any source as a result of the decedent's alleged exposure
26 to asbestos (including any compensation benefits, settlements

1 with either a co-defendant or a party, who potentially could
2 have been a co-defendant had the settlement not been arranged)?

3 ANSWER:

4
5
6 INTERROGATORY NO. 67:

7 If your answer to the previous interrogatory is in the
8 affirmative, for each said payment, state:

9 (a) The name of the party making said payment;

10 (b) The amount of said payment;

11 (c) The year of said payment;

12 ANSWER:

13
14
15 INTERROGATORY NO. 68:

16 State the name, address, and telephone number of each
17 person known to you, or your attorneys, who can identify the
18 manufacturer or distributor of any asbestos-containing products
19 you allege were in the decedent's general vicinity at any time
20 period you allege decedent was exposed to such products.

21 ANSWER:

22
23
24 INTERROGATORY NO. 69:

25 Please identify each and every tangible item (not already
26 identified above) including documents, correspondence,

1 photographs, diagrams, or objects which you contend evidences
2 decedent's exposure to asbestos-containing products.

3 ANSWER:
4
5
6
7

8 INTERROGATORY NO. 70:

9 Have you or anyone on your behalf requested from the social
10 Security office a listing of all past employers and dates of
11 employment of the decedent?

12 ANSWER:
13
14
15
16

17 INTERROGATORY NO. 71:

18 If your answer to the preceding interrogatory is in the
19 affirmative, please either attach a copy or give the employer's
20 name, address, date and quarterly social Security credit for
21 each employer listed.

22 ANSWER:
23
24
25
26

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

INTERROGATORY NO. 72:

Did you have or can you obtain any photographs taken of the decedent during the last twelve months of the decedent's life?

ANSWER:

INTERROGATORY NO. 73:

If so, and if you will do so without a motion to produce, attach a copy of such photograph identified in answer to the above question to your answers to these interrogatories.

ANSWER:

INTERROGATORY NO. 74:

For every type of employment that you have ever had, whether self-employed by others, please state:

<u>Employers Name and Address</u>	<u>Job Title</u>	<u>Date Started- Date Ended</u> (mo, day, year)
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____
_____	_____	____-____

1 _____
2 _____
3 INTERROGATORY NO. 75:

4 Did the decedent die testate?

5 ANSWER:
6

7 INTERROGATORY NO. 76:

8 If so, state:

9 (a) The date the will and each codicil was execute;

10 (b) Details of decedent's attempts, if any, to revoke or
11 invalidate the will;

12 (c) Whether the will is still in probate' and,

13 (d) The name, address and telephone number of each
14 attorney of record to the probate of the will.

15 ANSWER:
16

17 INTERROGATORY NO. 77:

18 Did the decedent die intestate? If so, state:

19 (a) Whether there is a necessity for administration of
20 decedent's estate;

21 (b) Whether application for administration has been filed,
22 and if so, the date, name of the court, and title of proceeding
23 and file number;

24 (c) The name and address of each duly qualified and
25 appointed administrator of the estate; and

26 (d) Whether the estate is still being administered.

1 ANSWER:

2
3
4
5
6 INTERROGATORY NO. 78:

7 Has there been a proceeding to determine the heirs of
8 decedent's estate: If so, state:

9 (a) The name of the court and file number of the
10 proceeding;

11 (b) The name and address of the executor/administrator and
12 each counsel of record to the action.

13 ANSWER:

14
15
16
17 INTERROGATORY NO. 79:

18 With respect to each member of the decedent's household
19 during the last five years of decedent's life, state the
20 following:

21 (a) The name, age, occupation, present address, and
22 relationship to decedent; and

23 (b) The portion of the last 12 months of decedent's life
24 during which each person was a member of the same household as
25 decedent.

26 //

1 ANSWER:

2
3
4 INTERROGATORY NO. 80:

5 During the last five years of decedent's life, did anyone
6 other than decedent contribute to decedent's support? If so,
7 for each such person, state:

8 (a) The name and address;

9 (b) The relationship to or connection with decedent;

10 (c) The amount of each contribution, specifying whether in
11 money, services, gifts or other forms;

12 (d) The motivation of the person for making the
13 contribution; and

14 (e) The annual amount of such contributions.

15 ANSWER:

16
17
18
19 INTERROGATORY NO. 81:

20 During the last five years of decedent's life, did anyone
21 other than decedent contribute to support a child, spouse or
22 parent who has survived decedent? If so, please state:

23 (a) The name and relationship of each person receiving
24 such support;

25 (b) The name and address of each person other than
26 decedent contributing to each survivor's support;

1 (c) The amount of each contribution, specifying whether in
2 money, services, gifts, or other forms;

3 (d) The motivation of the person for making the
4 contribution;

5 (e) The annual amount of such contributions; and

6 (f) A description of anything of value decedent received
7 for such contribution.

8 ANSWER:

9
10
11 INTERROGATORY NO. 82:

12 Did decedent, during the last ten years of decedent's life,
13 contribute money or other tangible benefits to a person other
14 than a child, spouse or parent of decedent? If so, for each
15 beneficiary, state:

16 (a) The name and address;

17 (b) The date and place of birth;

18 (c) The relationship to decedent;

19 (d) The date of each contribution;

20 (e) The reason for each contribution;

21 (f) The amount or value of each contribution; and

22 (g) A description of anything of value decedent received
23 in exchange for such contribution.

24 ANSWER:

25

26

1 INTERROGATORY NO. 83:

2 - Within the last ten years before death, was decedent ever
3 judicially determined to have failed to support any person
4 alleged to be dependent upon decedent? If so, for each such
5 charge, state:

6 (a) The name, address, and relationship to decedent of the
7 alleged dependent;

8 (b) The date such charges were brought;

9 (c) The name and address of the person making such charges;

10 (d) The court, tribunal or other agency to which, or in
11 which, such charge was made;

12 (e) A description of the charges against decedent; and

13 (f) The final disposition of such charges.

14 ANSWER:

15
16
17 INTERROGATORY NO. 84:

18 Did decedent perform services for any parent, spouse, or
19 child who survived decedent? If so, for each person, state:

20 (a) The name, address and relationship to decedent of the
21 person for whom the service was performed;

22 (b) A description of each service performed for such
23 person;

24 (c) The total time spent by decedent performing the
25 service per year and the frequency with which decedent
26 performed such service;

- 1 (d) The date decedent last performed each such service;
2 (e) The compensation, if any, decedent received for
3 performing each service;
4 (f) The name, address, and relationship to decedent of
5 each person or agency compensating decedent for each service;
6 (g) The total cost to such person of getting others to
7 perform each service performed by decedent; and
8 (h) The name, address, and occupation of each person
9 performing each such service since decedent's death.

10 ANSWER:

11
12
13
14

15 INTERROGATORY NO. 85:

16 Do you claim damages in this action based on loss of
17 decedent's care, guidance, advice, counsel, training,
18 protection, society, comfort or companionship? If so, state:

- 19 (a) The amount of damages claimed;
20 (b) The method by which such amount was computed or
21 determined; and
22 (c) A full description of the basis for the claim.

23 ANSWER:

24
25
26

1 INTERROGATORY NO. 86:

2 What hobbies, sports, games, cultural, vocational and other
3 interests did you share with decedent or enjoy in common with
4 decedent?

5 ANSWER:
6
7
8

9 INTERROGATORY NO. 87:

10 How many hours per day did you regularly spend with
11 decedent during the last five years of decedent's life?

12 ANSWER:
13
14
15

16 INTERROGATORY NO. 88:

17 Has there ever been any complaint, charge or grievance
18 asserted by decedent against you, or by you against decedent,
19 whether civil or criminal, or whether made to a governmental or
20 nongovernmental agency, company or person? If so, for each,
21 state:

22 (a) The person initiating the procedure;

23 (b) A description of the complaint, charge, or grievance;

24 (c) The court or governmental body before which the
25 proceeding was brought; and

26 (d) The disposition of the proceeding.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

ANSWER:

INTERROGATORY NO. 89:

If, at any time, you were married to the decedent:

(a) Did you ever file for divorce against the decedent?

(b) Were you ever separated from the decedent for any period for more than 48 hours because of a marital disagreement? If yes, indicate every such incident, indicating the reason for the separation and the length of time of each separation.

ANSWER:

INTERROGATORY NO. 90:

Do you have decedent's W-2 forms or income tax returns for the ten years preceding death?

ANSWER:

INTERROGATORY NO. 91:

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