

# EXHIBIT B

## PRELIMINARY FACT SHEET

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

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

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

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

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

Social Security Number of each exposed person:

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

(Attach Additional Pages, If Necessary)

8. For each exposed person who:

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

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

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