

EXHIBIT E

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

PROPOUNDING PARTY: Defendants

RESPONDING PARTY:

SET NO.: One

INTRODUCTION

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INTERROGATORIES

INTERROGATORY NO. 1:

Please state YOUR:

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

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

INTERROGATORY NO. 1B:

Please state for the DECEDENT:

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

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

INTERROGATORY NO. 2:

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

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

INTERROGATORY NO. 3:

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

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

INTERROGATORY NO. 4:

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

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

INTERROGATORY NO. 5:

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

INTERROGATORY NO. 6:

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

INTERROGATORY NO. 7:

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

INTERROGATORY NO. 8:

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

INTERROGATORY NO. 9:

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

INTERROGATORY NO. 10:

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

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

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

INTERROGATORY NO. 11:

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

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

INTERROGATORY NO. 12:

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

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

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

INTERROGATORY NO. 13:

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

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

INTERROGATORY NO. 14:

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

INTERROGATORY NO. 15:

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

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

INTERROGATORY NO. 16:

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

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

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

INTERROGATORY NO. 17:

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

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

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

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

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

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

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

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

INTERROGATORY NO. 18:

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

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

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

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

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

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

INTERROGATORY NO. 19:

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

a. Whether it was filed;

b. The office in which it was filed;

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

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

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

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

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

INTERROGATORY NO. 20:

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

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

INTERROGATORY NO. 21:

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

- a. The name of the hospital;
- b. The name of the doctor;
- c. The current location;
- d. The date said slides were made;
- e. The accession number(s); and
- f. Either (1) attach all DOCUMENTS evidencing the information sought in this

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

INTERROGATORY NO. 22:

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

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

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

INTERROGATORY NO. 23:

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

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

INTERROGATORY NO. 24:

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

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

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

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

INTERROGATORY NO. 25:

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

INTERROGATORY NO. 26:

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

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

Description of Job Duties:

Job Sites:

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

Do you claim Decedent was exposed to asbestos at this employment? Yes ___ No ___

Employer's Name and Address	Job Title	Date Started - Date Ended (Month, Day, Year)	

Description of Job Duties:

Job Sites:

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

Do you claim Decedent was exposed to asbestos at this employment? Yes ___ No ___

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

Description of Job Duties:

Job Sites:

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

Do you claim Decedent was exposed to asbestos at this employment? Yes ___ No ___

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

Description of Job Duties:

Job Sites:

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

Do you claim Decedent was exposed to asbestos at this employment? Yes ___ No ___

INTERROGATORY NO. 27:

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

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

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

INTERROGATORY NO. 28:

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

INTERROGATORY NO. 29:

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

INTERROGATORY NO. 30:

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

INTERROGATORY NO. 31:

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

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

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

INTERROGATORY NO. 32:

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

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

INTERROGATORY NO. 33:

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

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

INTERROGATORY NO. 34:

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

INTERROGATORY NO. 35:

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

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

INTERROGATORY NO. 36:

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

INTERROGATORY NO. 37:

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

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

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

INTERROGATORY NO. 38:

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

INTERROGATORY NO. 39:

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

INTERROGATORY NO. 40:

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

INTERROGATORY NO. 41:

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

a. The date(s) it was given;

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

INTERROGATORY NO. 42:

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

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

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

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

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

INTERROGATORY NO. 43:

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

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

INTERROGATORY NO. 44:

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

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

- c. The nature and extent of the injuries claimed and whether any permanent disability remained at the time DECEDENT died; and
- d. The present status of each action and, if concluded, the final result thereof including the amount of any settlement or judgment.

INTERROGATORY NO. 45:

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

- a. The nature of such injury or injuries;
- b. The date when such injury or injuries were sustained in each instance, the place of occurrence and the nature of the incident or accident causing this injury;
- c. The names and addresses of all persons and companies to whom said claims were made;
- d. The caption and case number;
- e. The court filing including state and county;
- f. The name and address of YOUR counsel of record;
- g. The present status of such claims (pending settlement, dismissal, etc.); and
- h. Either (1) attach all DOCUMENTS evidencing the information sought in this interrogatory and its subparts to your answers to these interrogatories, or (2) attach disks containing such data, or (3) describe such DOCUMENTS with sufficient particularity that they may be made the subject of a request for production of documents.

INTERROGATORY NO. 46:

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

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

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

INTERROGATORY NO. 47:

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

INTERROGATORY NO. 48:

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

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

INTERROGATORY NO. 49:

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

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

INTERROGATORY NO. 50:

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

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