

Plibrico Asbestos Trust Affidavit of Exposure

State of _____)
County of _____) Claimant SSN: {SSN}

1. My name is {Affiant Name}. I am over the age of 18 and I am legally competent to make the factual assertions set forth herein.

2. My {Injured Party's Relationship to Affiant}, {Injured Party Name} was employed as a {Injured Party's Occupation} at the following jobsites during the time periods indicated:

- a. {Name of Jobsite}, {City}, {State} from {Start Date} to {End Date}
- b. {Name of Jobsite}, {City}, {State} from {Start Date} to {End Date}
- c. {Name of Jobsite}, {City}, {State} from {Start Date} to {End Date}

3. In the course of that employment during the years set forth above, {Injured Party Name} was exposed to the following asbestos-containing products supplied, manufactured, installed, maintained, repaired or removed by Plibrico Company and/or Plibrico Sales and Service, Inc.:
{Name of Product(s)}

Further Affiant Sayeth Not:

{Affiant Name}

NOTARY

STATE OF _____

COUNTY OF _____

I _____ a Notary Public in and for the County and State aforesaid, do hereby certify that _____ known to me to be the person(s) whose name(s) is/are signed to the foregoing document, bearing date the _____ day of _____, 20____, have this day before me acknowledged same to be their free and voluntary act and deed.

Given under my hand this _____ day of _____, 20____.

NOTARY PUBLIC

My commission Expires: _____