

**DEFENDANTS' STANDARD INTERROGATORIES TO HEIR(S) AND/OR LEGAL
REPRESENTATIVE(S) OF DECEDENT
(Wrongful Death)**

PROPOUNDING PARTY: Defendants

RESPONDING PARTY: Plaintiff _____

DEFINITIONS

1. "ASBESTOS-CONTAINING MATERIAL" means a material or product which consists of, or contains the mineral asbestos.

2. "DECEDENT" means the deceased individual whose claimed asbestos exposure forms the basis of the allegations underlying this lawsuit.

3. "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.

4. "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

1. Please state:
 - A. YOUR full name including first, middle and last names;
 - B. YOUR relationship to the DECEDENT;
 - C. YOUR address;
 - D. Whether YOU currently reside with YOUR spouse.

2. Please state the date and place of YOUR marriage to DECEDENT. If this question is inapplicable, please so indicate.

3. Please state whether YOUR marriage to DECEDENT was ceremonial or common-law? If this question is inapplicable, please so indicate.

A. If marriage was ceremonial, please state the name, address and official capacity of the person performing the marriage;

B. If marriage was common-law, please outline the facts and circumstances relied upon to establish the marriage.

4. Did YOU and DECEDENT have any natural or adopted offspring? If "yes", please state for each offspring:

A. Full name including first, middle and last names;

B. Address;

C. Date of birth; and

D. Whether natural or adopted.

5. Have YOU had any previous marriages? If "yes", please state:

A. Previous spouse's name;

B. Previous spouse's address;

C. Dates of marriage;

D. Names and ages of children, whether natural or adopted; and

E. Place, date and circumstances under which marriage was dissolved or terminated.

6. Had DECEDENT had any previous marriages? If "yes", please state:

A. Previous spouse's name;

- B. Previous spouse's address;
- C. Date of marriage;
- D. Names and ages of children, whether natural or adopted; and
- E. Place, date and circumstances under which marriage was dissolved

or terminated.

7. If YOU were married to the DECEDENT, please state whether YOU have had any marriages since DECEDENT's death? If "yes", please state:

- A. Each such spouse's name(s);
- B. Each such spouse's current address; and
- C. Each date of marriage.

8. Had YOU ever been legally separated from DECEDENT? If "yes", please state the circumstances, duration and dates of each such separation. If inapplicable, please so indicate.

9. Had YOU ever been voluntarily separated from DECEDENT for reasons due to differences or disputes arising out of the marital relationship? If "yes", please state the circumstances and duration of each such separation. If inapplicable, please so indicate.

10. Have YOU ever seen or consulted with any therapist or counselor or professional about sexual dysfunction or sexual incompatibility in YOUR marriage with the DECEDENT? If "yes", please state the dates, the names of the parties seen and the circumstances of each such visit or consultation. If inapplicable, please so indicate.

11. What is the name and address of each undertaker and each funeral home which attended to DECEDENT'S remains?

12. Was the DECEDENT buried? If "yes", please state:
- A. The date of burial; and
 - B. The place of burial, name of the cemetery or other place and its location.
13. Was the DECEDENT cremated? If "yes", please state:
- A. The date of the cremation; and
 - B. The place of cremation.
14. Please list, item by item, all expenses which were incurred in connection with the funeral, burial, cremation or other means of attending to the DECEDENT'S remains; and the name, address and relationship to the DECEDENT of each person incurring liability or contributing to the payment of such expenditures, listing the portion of the liability incurred by each and the portion of expenditures paid by each.
15. Identify by number, date, jurisdiction, and current status, any Workers' Compensation proceeding which has been filed by YOU or on YOUR behalf with respect to any of the matters alleged in the complaint.
16. Have YOU received any Workers' Compensation benefits as a result of DECEDENT'S exposure to asbestos? If "yes", please state:
- A. The name of the party making said payment;
 - B. The amount of said payment;
 - C. The date of said award; and
 - D. The name, address and telephone number of the person having the most knowledge regarding said payment.

17. Have YOU received any third-party settlement from any defendant or potential party as a result of DECEDENT'S exposure to asbestos? If "yes", state:

- A. The name(s) of the party(ies) making said payment; and
- B. The total amount of said payment.

18. Do YOU have or can YOU obtain any photographs taken of the DECEDENT during the last twelve months of the DECEDENT'S life?

19. For every type of employment that YOU have ever had, whether self-employed or employed by others, please state:

- A. Employer's name;
- B. Address;
- C. YOUR job title; and
- D. Date started - date ended.

20. Did the DECEDENT die testate? If "yes", please state:

- A. Whether the will has been filed for probate and, if so, the date;
- B. The name and address of each executor named in the will;
- C. Whether the estate is still in probate; and
- D. The name, address and telephone number of each attorney of

record to the probate of the will.

21. Did the DECEDENT die intestate? If "yes", please state:

- A. Whether there is necessity for administration of DECEDENT'S estate;
- B. Whether application for administration has been filed and, if so, the date, name of court, and title of proceeding and file number;

C. The name and address of each duly qualified and appointed administrator of the estate; and

D. Whether the estate is still being administered.

22. Has there been a proceeding to determine the heirs of DECEDENT's estate? If "yes", please state:

A. The name of the court and file number of the proceeding; and

B. The name and address of the executor/administrator and his/her counsel of record.

23. With respect to each member of the DECEDENT's household during the last five years of DECEDENT's life, state the following:

A. The name, age, occupation, present address and relationship to DECEDENT; and

B. The portion of the last 12 months of DECEDENT'S life during which each person was a member of the same household as DECEDENT.

24. During the last five years of DECEDENT's life, did anyone other than DECEDENT contribute to DECEDENT's support? If "yes", for each such person, state:

A. The name and address;

B. The relationship to or connection with DECEDENT;

C. The amount of each contribution, specifying whether in money, services, gifts or other forms;

D. The motivation of the person for making the contribution; and

E. The annual amount of such contributions.

25. Did DECEDENT, during the last 10 years of DECEDENT's life, contribute money or other tangible benefits to a child, spouse or parent who has survived DECEDENT? If "yes", for each beneficiary, state:

- A. The name and address;
- B. The date and place of birth;
- C. The relationship to DECEDENT;
- D. The date of each contribution;
- E. The reason for each contribution;
- F. The amount or value of each contribution; and
- G. A description of anything of value DECEDENT received in

exchange for such contribution.

26. Did DECEDENT ever contribute to the support of persons other than DECEDENT'S parents, spouse or children? If "yes", for each such person, please state:

- A. The name, address and relationship to DECEDENT of the person;
- B. The total amount contributed for the support of the person per year for the last five years of DECEDENT'S life;
- C. The intervals of time at which such support was given;
- D. The length of time that DECEDENT had been contributing such support; and
- E. Why DECEDENT had been making such contributions.

27. Within 10 years before death, was DECEDENT ever judicially determined to have failed to support any person alleged to be dependent upon DECEDENT? If "yes", for each such charge, please state:

A. The name, address and relationship to DECEDENT of the alleged dependent;

B. The date such charges were brought;

C. The name and address of the person making such charges;

D. The court, tribunal or other agency to which, or in which, such charge was made;

E. A description of the charges against DECEDENT; and

F. The final disposition of such charges.

28. Did DECEDENT perform services for any parent, spouse or child who survived DECEDENT? If "yes", for each person, please state:

A. The name, address and relationship to DECEDENT of the person for whom the service was performed;

B. A description of each service performed for such person;

C. The total time spent by DECEDENT performing the service per year and the frequency with which DECEDENT performed such service;

D. The date DECEDENT last performed each such service;

E. The compensation, if any, DECEDENT received for performing each such service;

F. The name, address and relationship to DECEDENT of each person or agency compensating DECEDENT for each such service;

G. The total cost to such person of getting others to perform each service performed by DECEDENT; and

H. The name, address and occupation of each person performing each such service since DECEDENT'S death.

29. Do YOU claim damages in this action based on loss of DECEDENT'S care, guidance, advice, counsel, training, protection, society, comfort or companionship?

If "yes", state:

- A. The amount of damages claimed;
- B. The method by which such amount was computed or determined;

and

- C. A full description of the basis for the claim.

30. What hobbies, sports, games, cultural, vocational and other interests did YOU share with DECEDENT or enjoy in common with DECEDENT?

31. How many hours per day did YOU regularly spend with DECEDENT during the last five years of DECEDENT'S life?

32. Has there ever been any formal complaint, charge or grievance, civil or criminal, filed by DECEDENT against YOU or by YOU against DECEDENT with any governmental or nongovernmental agency or organization? If "yes", for each state:

- A. The person initiating the procedure;
- B. A description of the complaint, charge or grievance;
- C. The court of governmental body before which the proceeding was

brought; and

- D. The disposition of the proceeding.

33. If, at any time, YOU were married to the DECEDENT:

A. State whether YOU ever filed for divorce against the
DECEDENT?

B. State whether YOU ever separated from the DECEDENT for reasons due to differences or disputes arising from the marital relationship for any period? If "yes", indicate every such incident, indicating the reason for the separation and the length of time of each separation.

34. State whether YOU have DECEDENT'S W-2 forms or income tax returns for any of the ten years preceding death?

35. Can YOU DESCRIBE any ASBESTOS-CONTAINING MATERIAL used by the DECEDENT? If so, please DESCRIBE:

A. The ASBESTOS-CONTAINING MATERIAL;

B. When it was used by the DECEDENT; and

C. Where it was used by the DECEDENT.

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

37. Either (1) attach all DOCUMENTS evidencing the information sought in these interrogatories and their 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.

ATTACH THE FOLLOWING DOCUMENT TO YOUR RESPONSES:

[Verification under penalty of perjury]