DII Industries, LLC Asbestos PI Trust

AFFIDAVIT OF PERSONAL REPRESENTATIVE

Be	efore me, the undersigned authority, on this day personally appeared ("Affiant") who, being first duly
SW	vorn, upon his/her oath stated:
1.	My name is
2.	I have personal knowledge of the facts stated in this Affidavit and the facts stated herein are true and correct.
3.	I live at
4.	I am the Personal Representative of the estate of(insert name of Decedent).
5.	I am personally familiar with the family and marital history of Decedent.
6.	My official capacity is as (administrator, executor, etc.) for the Decedent's estate.
7.	My social security number is
8.	My relationship to Decedent is (spouse, child, etc.).
9.	Decedent's full name was
10	Decedent's social security number was
11	.I knew Decedent from (insert date) until
	(insert date). Decedent died on Decedent's place of death
	was At the time of Decedent's death,
	Decedent's residence was
	(insert address of Decedent's residence at time of death).
12	2. Decedent died without leaving a written will (modify statement if Decedent left written will).

- 13. There has been no administration of Decedent's estate (modify statement if there has been administration of Decedent's estate).
- 14. I have all requisite legal authority to act for, bind and accept payment on behalf of Decedent's estate, and all heirs, successors, Decedent, assigns, representatives, and descendants of Decedent on account of claims against the DII Industries, LLC Asbestos PI Trust. I hereby agree to indemnify and hold harmless the DII Industries, LLC Asbestos PI Trust from any loss, cost, damage or expense arising out of, or in connection with, any claim, allegation, or assertion, actual or threatened, that another person or entity holds a rightful claim or entitlement to payment arising from the Decedent's claims against the DII Industries, LLC Asbestos PI Trust.

Signed this day of	, 20
Signature	
\$ STATE OF	
COUNTY OF §	
Sworn to and subscribed to before me on t	his day of
20 by	(insert name of Affiant).
{SEAL}	
	Signature of Notary Public
My Commission Expires:	