

**AFFIDAVIT
Law Firm**

I, _____, being duly sworn, depose and say:

1. I am an attorney admitted to practice in the state(s) of _____. I am a member of the firm _____, and I execute this Affidavit on behalf of the firm and myself.

2. I represent, and may represent in the future, claimants or the representatives of deceased claimants (“my Trust clients”) who hold claims for personal injuries caused by exposure to asbestos-containing products that were installed, sold, supplied, distributed, marketed or removed by C. E. Thurston & Sons, Inc. (“Thurston asbestos”). I have filed claims on behalf of my Trust clients with the Claims Resolution Management Corporation (“CRMC”).

3. I understand that CRMC, on behalf of the Trust, will make offers to settle such claims. I agree that I will communicate acceptance of such an offer only when and if my Trust client accepts the Trust’s offer, and acceptance is or will be evidenced by a signed release using the proper form. I understand that CRMC will issue payment only upon receipt of that executed release.

4. I agree that if I am aware that payment has been made in error by CRMC, I will not sign or otherwise attempt to negotiate the Trust check for that claim, but rather I will return the check to CRMC. Additionally, if I receive Trust funds in error through an electronic funds transfer or a check covering more than one claimant, I will return the funds for that claim to CRMC within 60 days of receipt of the funds.

5. I understand that CRMC may periodically audit Trust claim settlements and payments, and I agree to cooperate with CRMC in auditing Trust settlements with my Trust clients.

6. I hereby affirm, on behalf of my law firm, that all information submitted to the Trust or to CRMC as the claims processor for the Trust will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure as if the submissions were a paper presented to a court of the United States.

Signature

State of _____:

County of _____; to-wit:

Subscribed and sworn to this _____ day of _____, 20____, before me, the undersigned, a notary public in and for the county and state written above, and as witnessed by my hand and official seal.

My commission expires the _____ day of _____, 20 ____.

Notary Public