

**PACOR SETTLEMENT TRUST
PROOF OF CLAIM – SHORT FORM**

INJURED PARTY				
Last	First	M.		
/ / Social Security Number	/ / Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No Married	<input type="checkbox"/> Yes <input type="checkbox"/> No Deceased	/ / Date of Death
Address				
City	State	ZIP	Telephone (Home)	Telephone (Work)
SPOUSE				
Last	First	M.		
				/ / Social Security Number
CLAIMANT (if other than Injured Party)				Relationship to injured Party
MANVILLE TRUST CLAIM NUMBER:				
ATTORNEY INFORMATION				
LAW FIRM				
ATTORNEY				
Last	First	M.		
ADDRESS				
City	State	ZIP	Telephone	Fax Number
CLAIM INFORMATION				
1. ON WHAT DATE DID THE CLAIMANT FIRST LEARN OF THE ASBESTOS RELATED DISEASE?				
2. INJURED PART WAS EXPOSED TO MANVILLE PRODUCTS DISTRIBUTED BY PACOR AT THE FOLLOWING SITES:				
DATES (MONTH/YEAR)	WORKSITE	EMPLOYER	PRINCIPAL MANVILLE PRODUCT INVOLVED	
from to				
from to				
from to				
from to				
from to				
from to				
from to				
from to				
NOTICE				
PRESENTATION OF FRAUDELENT CLAIM FRAUDELENT CLAIM INFORMATION IS SUBJECT TO PENALTY IN ACCORDANCE WITH TITLE 18, U.S.C. ¶ 152. BY SIGNATURE HEREON, PLAINTIFF ATTORNEY AUTHORIZES THE MANVILLE PERSONAL INJURY SETTLEMENT TRUST TO RELEASE ALL CLAIM INFORMATION AND DATA TO THE PACOR SETTLEMENT TRUST.				
_____			_____	
Date			Authorized Signature	