End Claim Deferral Form
C.E. Thurston & Sons Asbestos Trust

Claimant Name: _____

Claim ID: _____

Law Firm (If any): _____

Please end the deferral of the claim shown above and resume processing of it.

_____ _____

__ Claimant, __ Personal Representative or Date
__ Law firm contact Signature (check one)

_____

Printed or typed name if not Claimant