

MLC Asbestos Personal Injury Trust

Unsigned Deposition Affirmation

Claimant Name:	
Claim ID:	
Law Firm (If any):	
I,	, affirm that the copy of the deposition
provided as supporting document	ation for the above claim, although not signed by the
court reporter, is a true, correct ar	nd authentic document.
Attorney Signature	Date
Printed or typed name	