NARCO ASBESTOS TRUST
AFFIDAVIT OF DECEDENT'S REPRESENTATIVE

Before me, the undersigned authority, on this day personally appeared _____("Affiant") who, being known to me and first duly sworn, upon his/her oath stated and affirmed:

1. My full legal name is _____.
2. I make the statements and representation herein to the North American Refractories Company Asbestos Personal Injury Settlement Trust (the "Trust") drawing upon my personal knowledge and in the informed belief that they are based on facts known to me to be true and correct. To the extent that I must rely upon the knowledge of other persons, I will so indicate that reliance, and further do so in the belief and understanding that my reliance is appropriate and warranted.
3. I live at _____ *[insert home address]*
4. I represent to the Trust that I have all necessary and requisite legal authority to act for, bind, and accept payment on behalf of _____*[insert full name of the decedent]* ("Decedent"), Decedent's estate, and all heirs, successors, assigns, legal representatives, and descendants of Decedent.
5. Decedent's NARCO Trust Claim ID Number is _____.
6. At the time of death, Decedent was a resident of _____*[insert name of state or province].*
7. My relationship to Decedent is_____*[describe relationship, e.g., spouse, parent, child, sibling].*
8. There has been no administration of Decedent's estate.
9. I understand that the Trust will rely on the representations made herein and those previously made to the Trust in support of Decedent's claim (including, without limitation, the representations made to the Trust in the claim form and any documents submitted in support thereof) in making any payments to me on account of Decedent's claim against the Trust.
10. I hereby agree to indemnify and hold harmless the Trust from any and all losses, costs, damages, or expenses 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 Decedent's claim against the Trust.
11. I further understand that should any of the representations made herein be made with knowledge that they are false, the Trust shall be entitled to recover from me, my successors, and/or assigns all monies paid by the Trust to resolve Decedent's claim, plus reasonable attorneys' fees for the counsel of its choice, costs, expenses, pre- and post-judgment interest at the prevailing legal rate, and such other legal or equitable relief as permitted.

In accordance with 28 USC 1746, I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20____.

_____
Signature of Affiant

OPTIONAL NOTARIZATION:

STATE OF_____§
§
COUNTY OF_____§
Sworn to and subscribed before me on_____ [date] by _____ [name of Affiant].

{SEAL}

_____
Signature of Notary Public

My Commission Expires:_____