

AFFIDAVIT AND INDEMNITY

Before me, the undersigned authority, on this day personally appeared _____ (“Affiant”) (insert name of affiant) who, being first duly sworn, upon his/her oath states:

1. I am the personal representative of the estate of _____ (insert name of decedent) (“Decedent”).
2. My official capacity is as _____ (administrator, executor, etc.) for the estate of decedent.
3. My social security number is _____ (insert).
4. My relationship to decedent is _____ (spouse, child, etc.)
5. Decedent’s full name is _____ (insert).
6. Decedent’s social security number is _____ (insert).
7. My name is _____ (insert name of affiant), and I live at _____ (insert address of affiant’s residence). I am personally familiar with the family and marital history of Decedent, and I have personal knowledge of the facts stated in this affidavit.
8. I knew Decedent from _____ (insert date) until _____ (insert date). Decedent died on _____ (insert date of death). Decedent’s place of death was _____ (insert place of death). At the time of Decedent’s death, Decedent’s residence was _____ (insert address of Decedent’s residence).
9. Decedent’s marital history was as follows: _____ (insert marital history and, if Decedent’s spouse is deceased, insert date and place of spouse’s death).
10. Decedent had the following children: _____ (insert name, birth date, name of other parent, and current address of child or date of death of child and descendants of deceased child, as applicable, for each child).
11. Decedent did not have or adopt any other children and did not take any other children into Decedent’s home or raise any other children, except: _____ (insert name of child or names of children, or state “none”).
12. (Include if Decedent was not survived by descendants.) Decedent’s mother was: _____ (insert name, birth date, and current address or date of death of mother, as applicable).
13. (Include if Decedent was not survived by descendants). Decedent’s father was: _____ (insert name, birth date, and current address or date of death of father, as applicable).
14. (Include if Decedent was not survived by descendants or by both mother and father). Decedent had the following siblings: _____ (insert name, birth date, and current address or date of death of each sibling and parents of each sibling and descendants of each deceased sibling, as applicable, or state “none”).
15. Decedent died without leaving a written will. (Modify statement if decedent left a written will).
16. There has been no administration of Decedent’s estate. (Modify statement if there has been administration of decedent’s estate).

17. The following were the heirs of decedent: _____
_____ (insert names of heirs).

18. I have all requisite legal authority to act for, bind and accept payment on behalf of Decedent and all heirs of Decedent on account of asbestos claims against the Fuller-Austin Asbestos Settlement Trust (the "Trust") and hereby agree to indemnify and hold harmless the Trust from any loss, cost, damage or expense arising out of or in connection with the rightful claim of any other person or entity to payments with respect to the Decedent's asbestos claims against the Trust.

Signed this _____ day of _____, _____.

STATE OF _____ §
COUNTY OF _____ §

Sworn to and subscribed to before me on _____ by _____ (insert name of affiant).

Notary Public, State of _____

My Commission Expires: _____