

**FULLER-AUSTIN ASBESTOS SETTLEMENT TRUST
MEDICAL CERTIFICATE**

In connection with the submission of materials to file a claim (the "Claim") with the Fuller-Austin Asbestos Settlement Trust (the "Trust") for the Claimant identified below, the undersigned attorney (the "Attorney") hereby certifies that the diagnoses (whether one or more) submitted to the Trust in support of the Claim include all diagnoses of asbestos-related disease of the Claimant in the possession or control of, or known to, the undersigned Attorney, including without limitation the earliest diagnosis of each asbestos related disease of the Claimant.

Capitalized terms used herein but not otherwise defined shall have their respective meanings set forth in the Claims Resolution Procedures of the Trust, as amended from time to time.

This Certificate is executed by the attorney for the Claimant this _____ day of, 20____
under penalties of perjury.

Signature of the Attorney

Please print the name of the Attorney and the Law Firm

Please print the name of the Claimant