

## Minnesota General Interrogatories

1. State the name, date of birth and social security number of each member of your family, stating for each member whether he or she is currently dependent upon you for financial support.

### ANSWER

2. Identify each of your employers from the date you graduated from high school until the present, where you alleged that you were exposed to asbestos or products containing asbestos, stating for each employer so identified:

- a) The date on which you began employment with that employer;
- b) The date on which you terminated your employment with that employer;
- e) Your job title or the function performed by you for that employer;
- g) Identify by name and trade name each product used by you with each employer.

### ANSWER

3. State whether at any time you came into contact with any product which contained asbestos fibers, and if so:

- a) Identify each person or corporation which manufactured, processed or distributed each product;
- b) State the name or trade name of each product;
- c) Describe each product by type or category;
- d) Describe each product by type or category;
- e) State the date on which you came into contact with each product;
- f) State your location (i.e., city, town, village or job site) when you came into contact with each product;
- n) Describe how each product was installed, i.e., setting in place, cementing, spraying, etc

### ANSWER

4. State whether you have ever worked at a site where old asbestos-containing product was removed from existing structures. If so, identify with respect to each site:

- a) The location of the job site;

- b) Your employer at that time;
- c) The date of employment;
- f) The manufacturer or any identifying markings or characteristics (such as color, consistency, etc.) on the removed asbestos-containing product. If not known, so state.

**ANSWER**

5. Describe in detail each injury, illness or type of ill health which you allege that you suffered as the result of your alleged exposure to asbestos or any product containing asbestos, identifying for each condition so described:

- a) The symptoms you experienced;
- b) The date you first experienced such symptoms; and
- c) The dates, if any, on which you claim you were partially or totally disabled from gainful employment.

**ANSWER**

6. State whether you have recovered from any alleged injury, illness or type of ill health referred to in the preceding Interrogatory, and if so, state the approximate date upon which you recovered from each.

**ANSWER**

7. If you do or have smoked cigarettes, please describe:

- a) The brand name of each product consumed;
- b) The time period during which each brand was consumed;
- c) The per day rate or rates of consumption of each such brand;

**ANSWER**

8. Identify each physician or other medical care professional who has advised you that your life expectancy has been shortened as a result of your exposure to asbestos, and as to each such physician:

- a) State the date on which each physician gave such an opinion;
- b) Describe the full content of each opinion;
- c) State whether each opinion was written or oral;

- d) Identify each written opinion;
- e) Describe in detail the manner in which each oral opinion was presented; and
- f) Describe what action you took in response to each such opinion.

**ANSWER**

9. State whether you made any claim for workers' compensation benefits at any time with respect to any asbestos related injury, and if so, for each such claim:

- a) State the date of injury and employer at that time;
- b) Describe the injury or disease claimed to be compensable;
- c) Describe the disposition of each claim and specify on which claims you are still receiving compensation and/or medical benefits;
- d) Specify the type of compensation benefits you received and/or are receiving (i.e., temporary total, temporary partial, permanent partial, permanent total, retraining, medical), the weekly rate of such benefits, if applicable, and the total amount of each type of benefits you received and/or are receiving; and
- e) Identify each person or entity who has paid or is paying compensation benefits to you or on your behalf.

**ANSWER**

10. State separately for each year in which you allege exposure to asbestos, the amount of your earnings from the work in which that exposure occurred.

**ANSWER**

11. State each financial obligation, including medical bills, incurred as the result of the matters alleged in your Complaint, and as to each such obligation:

- a) State its amount and nature;
- b) Identify the person or entity to whom it was owed;
- c) State whether it has been paid; and
- d) Identify by whom it has been paid.

**ANSWER**

12. If your claim or claims as stated against the Defendants in your Complaint herein includes a claim for lost wages, set forth the amount of such claim, including the manner in which such amount was computed.

**VERIFICATION**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2004

Notary Public