

# AFFIDAVIT

STATE OF \_\_\_\_\_

§

COUNTY OF \_\_\_\_\_

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§

Before me, the undersigned authority, personally appeared \_\_\_\_\_

\_\_\_\_\_ (“Affiant”) who, being first duly sworn, upon his/her oath stated:

1. My name is \_\_\_\_\_.
2. I am over the age of eighteen (18) years, suffer no legal disabilities and am competent to make this Affidavit.
3. I have personal knowledge of the facts stated in this Affidavit and the facts stated herein are true and correct.
4. I am a physician currently licensed to practice medicine in one or more states within the United States of America, territories of the United States of America, or in the District of Columbia.
5. I make this Affidavit in support of the claims submitted to DII Industries, LLC Asbestos PI Trust by or on behalf of the individuals identified on Exhibit “A” attached hereto for compensation for asbestos-related medical conditions.
6. I am certified in a specialty indicated below by the relevant medical specialty board to make diagnosis or other medical judgment for certain types of asbestos-related conditions as also indicated below:

[please check all that apply]

- Internist - American Board of Internal Medicine - cancer or non-malignant diseases or conditions.
- Oncologist - American Board of Internal Medicine with a subspecialty of medical oncology – cancer.
- Pathologist - American Board of Pathology - cancer or non-malignant diseases or conditions.
- Pulmonary Specialist - American Board of Internal Medicine with a subspecialty of pulmonary disease - cancer or non-malignant diseases or conditions.

- Radiologist - American Board of Radiology - cancer or non-malignant diseases or conditions.
- Occupational Medicine - American College of Environmental and Occupational Medicine.
- Certified in Other Specialty - please specify: \_\_\_\_\_.
- Not Certified.

7. All spirometry, lung volume and diffusing capacity testing that has been performed on my patients, as identified on Exhibit "A", by myself, by someone under my supervision and control, or by a facility whose testing was or is acceptable to me, has substantially conformed to the quality criteria established by the American Thoracic Society ("ATS") and have been performed on equipment which substantially meets ATS standards for technical quality and calibration.

8. I know that it has substantially conformed to ATS standards for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I declare, under penalty of perjury and under the laws of the United States of America, that to the best of my knowledge, the foregoing is accurate and complete.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Printed Name]

Sworn to and subscribed to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

{SEAL}

\_\_\_\_\_  
Notary Public in and for  
the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_