

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION**

In re:

ALDRICH PUMP LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 20-30608 (LMJ)

(Jointly Administered)

**MOTION OF THE OFFICIAL COMMITTEE OF ASBESTOS PERSONAL INJURY
CLAIMANTS TO SUBSTITUTE COMMITTEE MEMBERS**

The Official Committee of Asbestos Personal Injury Claimants of Aldrich Pump LLC and Murray Boiler LLC (the “Committee”) appointed on July 6, 2020 (the “Appointment Date”), in the above-captioned chapter 11 case of Aldrich Pump LLC and Murray Boiler LLC (the “Debtors”), hereby moves (the “Motion”) this Court to substitute the estate representatives for eight Committee members who have died as a result of their asbestos disease. In further support of this Motion, the Committee states as follows:

JURISDICTION

1. The Court has jurisdiction over the Motion pursuant to 28 U.S.C. §§ 157 and 1334. Venue for this proceeding and the Motion is proper in this District pursuant to 28 U.S.C. §§ 1408 and 1409. This is a core proceeding within the meaning of 28 U.S.C. § 157(b)(2).

2. The statutory bases for the relief requested are section 1102(a)(4) of Title 11 of the United States Code (the “Bankruptcy Code”), Rule 25 of the Federal Rules of Civil Procedure (the “Civil Rules”) as made applicable to the Bankruptcy Court by Rules 7025 and 9014(c) of the Federal Rules of Bankruptcy Procedure (“Bankruptcy Rules”), and Rule 9013-1 of the Rules of

¹ The Debtors are the following entities (the last four digits of the Debtors’ taxpayer identification numbers follow in parentheses): Aldrich Pump LLC (2290) and Murray Boiler LLC (0679). The Debtors’ address is 800-E Beaty Street, Davidson, North Carolina 28036.



Practice and Procedure of the United States Bankruptcy Court for the Western District of North Carolina (the “Local Rules”).

BACKGROUND

A. Procedural Background

3. On June 18, 2020 (the “Petition Date”), the Debtors commenced this proceeding (the “Chapter 11 Case”) by filing a voluntary petition for relief under the Bankruptcy Code.

4. Pursuant to sections 1107(a) and 1108 of the Bankruptcy Code, the Debtors have continued as debtors-in-possession since the Petition Date. No trustee or examiner has been appointed in this Chapter 11 Case.

5. On June 30, 2020, the Bankruptcy Administrator (the “Administrator”) moved for the appointment of the Official Committee of Asbestos Claimants in the Debtors’ cases pursuant to Bankruptcy Code Section 1102. [Dkt. No. 126]. Thereafter, two asbestos claimants of the Debtors filed a request to be added to the committee of asbestos claimants as proposed by the Bankruptcy Administrator, which the Court denied. At a hearing held on July 6, 2020, the Court granted the Administrator’s motion and appointed the Committee, which the Court memorialized in a July 7, 2020 order [Dkt. No. 147] (the “Committee Appointment Order”).

6. The Committee’s members, as appointed in the Committee Appointment Order, are: (i) Jerry Lynn Fowles, represented by Bryn Letsch of the law firm Brayton Purcell, LLP; (ii) Pete Panagiotopoulos, represented by John D. Cooney² of the law firm Cooney & Conway; (iii) Ray Hager, represented by J. Bradley Smith of the law firm Dean Omar Branham Shirley, LLP; (iv) Richard J. Shiel, Sr, represented by Bruce E. Mattock of the law firm Goldberg Persky White,

² Mr. Cooney has passed away; Mr. Panagiotopoulos was subsequently represented by Robert Cooney of the law firm Cooney & Conway.

P.C.; (v) Richard and Calvena Sisk, represented by Steven Kazan of the law firm Kazan, McClain, Satterley & Greenwood PLC; (vi) Joseph Hamlin, represented by Marcus E. Raichle, Jr. and Chris McKean of the law firm Maune Raichle Hartley French & Mudd, LLC; (vii) John Talmage Gambill, represented by John E. Herrick of the law firm Motley Rice LLC; (viii) Robert Overton, represented by Michael Shepard of Shepard Law³; (ix) Richard R. Villanueva, represented by Perry J. Browder of the law firm Simmons Hanly Conroy LLC; (x) Barbara Korte on behalf of Donald Korte represented by Lauren E. Williams of the law firm SWMW Law, LLC; and (xi) Steven W. Bomzer, represented by Lisa Busch⁴ of the law firm Weitz & Luxenberg, P.C. Mr. Panagiotopoulos and Mr. Overton were elected Committee co-chairs.

B. Factual Background

7. Since the Committee Appointment Order, eight Committee members have died from their asbestos personal injuries. In each instance, an estate representative was duly appointed by the appropriate legal authority and in accordance with the relevant state law to act as a fiduciary for each respective original Committee member's claim against the Debtors and interests in these Debtors' bankruptcy cases, including their interests as Committee members.

i. Panagiotis "Pete" Panagiotopoulos

8. The Committee seeks to substitute Panayiota Panagiotopoulos as a Committee member for Panagiotis "Pete" Panagiotopoulos. Mrs. Panagiotopoulos is the widow of Mr. Panagiotopoulos. Mr. Panagiotopoulos sued Ingersoll-Rand Company prepetition for an asbestos-

³ Shepard Law is now known as Shepard O'Donnell P.C.

⁴ Ms. Busch is no longer at the law firm Weitz & Luxenberg; Mr. Bomzer is now represented by Mr. Adam Dreksler of Weitz & Luxenberg, P.C.

related personal injury. In his personal capacity, Mr. Panagiotopoulos held an asbestos-related claim against Ingersoll-Rand Company, and such claim survives his passing.

9. On September 6, 2020, Mr. Panagiotopoulos passed away. A copy of the Certificate of Death is attached hereto as Exhibit A-1. On October 15, 2020, the Circuit Court for Cook County, Illinois, appointed Panayiota Panagiotopoulos as the Special Administrator for Mr. Panagiotopoulos's probate estate in the underlying state court asbestos-related litigation that establishes the claim in this case. A copy of the order granting Ms. Panagiotopoulos's appointment is attached hereto as Exhibit A-2.

ii. *Joseph M. Hamlin*

10. The Committee seeks to substitute Debbie Harrison as a Committee member for Joseph M. Hamlin. Ms. Harrison is the widow of Mr. Hamlin. Mr. Hamlin sued Gardner Denver, Inc. (individually and as alter ego of Aldrich Pump LLC (a North Carolina LLC) and Trane Technologies Co. LLC (a Delaware LLC)) and Ingersoll-Rand Company (individually and as alter ego of Aldrich Pump LLC (a North Carolina LLC) and Trane Technologies Co. LLC (a Delaware LLC)) prepetition for an asbestos-related personal injury. In his personal capacity, Mr. Hamlin held an asbestos-related claim against Ingersoll-Rand Company, and such claim survives his passing.

11. On December 2, 2020, Mr. Hamlin passed away. A copy of the Certificate of Death is attached hereto as Exhibit B-1. On February 10, 2021, the Circuit Court for Madison County, Illinois, appointed Debbie Harrison as the Special Administrator for Mr. Hamlin's probate estate in the underlying state court asbestos-related litigation that establishes the claim in this case. A copy of the order granting Ms. Harrison's appointment is attached hereto as Exhibit B-2.

iii. *Jerry Lynn Fowles*

12. The Committee seeks to substitute Martha Fowles as a Committee member for Jerry Fowles. Mrs. Fowles is the widow of Mr. Fowles. Mr. Fowles sued Ingersoll-Rand Company and Gardner-Denver prepetition for an asbestos-related personal injury. In his personal capacity, Mr. Fowles held an asbestos-related claim against Ingersoll-Rand Company, and such claim survives his passing.

13. On March 23, 2021, Mr. Fowles passed away. A copy of the Certificate of Death is attached hereto as Exhibit C-1. On April 26, 2021, the Utah state court appointed Martha Fowles as the substitute named plaintiff in the underlying state court asbestos-related litigation that establishes the claim in this case. A copy of the order substituting Mrs. Fowles is attached hereto as Exhibit C-2.

iv. *Ray Hager*

14. The Committee seeks to substitute Lisa M. Hager as a Committee member for Ray Hager. Mrs. Hager is the widow of Mr. Hager. Mr. Hager sued Ingersoll-Rand Company and Trane U.S., Inc. (f/k/a American Standard Companies) prepetition for an asbestos-related personal injury. In his personal capacity, Mr. Hager held an asbestos-related claim against Ingersoll-Rand and American Standard, and such claim survives his passing.

15. On October 14, 2022, Mr. Hager passed away. A copy of the Certificate of Death is attached hereto as Exhibit D-1. On February 17, 2023, the Register of Wills in and for the County of Adams, Pennsylvania appointed Lisa M. Hager to administer the estate. A copy of the Fiduciary Short Certificate is attached hereto as Exhibit D-2.

v. *John T. Gambill*

16. The Committee seeks to substitute Jelema Faye Gambill as a Committee member for John Gambill. Mrs. Gambill is the widow of Mr. Gambill. In his personal capacity, Mr. Gambill held a pre-petition asbestos-related claim, and such claim survives his passing.

17. On July 31, 2023, Mr. Gambill passed away. A copy of the Certificate of Death is attached hereto as Exhibit E-1. On December 28, 2023, the Kentucky probate court appointed Jelema Faye Gambill as administratrix. A copy of the Order of Appointment is attached hereto as Exhibit E-2.

vi. *Richard R. Villanueva*

18. The Committee seeks to substitute Marcy Diane Aguirre as a Committee member for Richard Villanueva. Ms. Aguirre is the daughter of Mr. Villanueva. Mr. Villanueva sued Ingersoll-Rand Company and Trane U.S., Inc. (f/k/a American Standard Companies) for an asbestos-related personal injury. In his personal capacity, Mr. Villanueva held an asbestos-related claim against Ingersoll-Rand and American Standard, and such claim survives his passing.

19. On August 29, 2020, Mr. Villanueva passed away. A copy of the Certificate of Death is attached hereto as Exhibit F-1. On November 3, 2020, the Texas probate court appointed Marcy Diane Aguirre as independent executor. A copy of the Letters Testamentary is attached hereto as Exhibit F-2.

vii. *Richard J. Shiel*

20. The Committee seeks to substitute Darlene Shiel as a Committee member for Richard Shiel. Mrs. Shiel is the widow of Mr. Shiel. Mr. Shiel sued Ingersoll-Rand Company and Trane U.S., Inc. (f/k/a American Standard Companies, f/k/a American Radiator & Standard Sanitary, in its own right and as successor to Westinghouse Airbrake and/or WABCO) for an

asbestos-related personal injury. In his personal capacity, Mr. Shiel held an asbestos-related claim against Ingersoll-Rand and Westinghouse Airbrake and/or WABCO, and such claim survives his passing.

21. On July 28, 2020, Mr. Shiel passed away. A copy of the Certificate of Death is attached hereto as Exhibit G-1. On August 14, 2020, the Register of Wills of Beaver County, Pennsylvania granted letters testamentary to Darlene Shiel. A copy of the Short Certificate is attached hereto as Exhibit G-2.

viii. *Robert Overton*

22. The Committee seeks to substitute Elizabeth M. Overton as a Committee member for Robert Overton. Ms. Overton is the daughter of Mr. Overton. Mr. Overton sued Ingersoll-Rand Company, Ingersoll-Rand Inc. (f/k/a Gardner Denver Holdings), Murray Boiler LLC (f/k/a Trane US Inc.), Trane US Inc. (f/k/a American Standard Inc.) and Trane Technologies Company LLC (f/k/a Trane Technologies HoldCo. Inc.) for an asbestos-related personal injury. In his personal capacity, Mr. Overton held an asbestos-related claim against Ingersoll-Rand, and such claim survives his passing.

23. On January 2, 2021, Mr. Overton passed away. A copy of the Certificate of Death is attached hereto as Exhibit H-1. On January 2, 2021, the Massachusetts probate court appointed Elizabeth M. Overton as unsupervised personal representative. A copy of the Letters of Authority for Personal Representative is attached hereto as Exhibit H-2.

ix. *Surviving Committee Members*

24. The Committee Appointment Order appointed Richard and Calvena Sisk jointly. Mrs. Sisk is alive and remains a member of the Committee. However, Mr. Sisk passed away on August 2, 2022. On November 1, 2022, Calvena Sisk filed her Declaration of Successor in Interest

with the Superior Court of California for Alameda County. Documentation of Mr. Sisk's death and Mrs. Sisk's appointment is attached hereto as Exhibit I. Accordingly, while Mr. Sisk has passed away, Mrs. Sisk, an existing member of the Committee, has succeeded to Mr. Sisk's interest in the litigation pending against the Debtors. As Mrs. Sisk is a member of the Committee, the Committee does not believe it is necessary to substitute Mrs. Sisk as the estate representative; however, out of an abundance of caution and to the extent the Court believes it necessary, the Committee would request that Mrs. Sisk be recognized as serving on the Committee in her own right and as the fiduciary for her deceased husband.

25. Committee member Steven Bomzer survives as of the date of this filing and no substitution is requested or required.

26. Committee member Barbara Korte, originally appointed to the Committee as the estate representative for the estate of Donald Korte, also survives as of the date of this filing. No substitution is requested or required.

RELIEF REQUESTED

27. Bankruptcy Code § 1102(a)(4) provides that “[o]n request of a party in interest and after notice and a hearing, the court may order the United States trustee to change the membership of a committee appointed under this subsection, if the court determines that the change is necessary to ensure adequate representation of creditors” 11 U.S.C. § 1102(a)(4). Moreover, Federal Rule of Civil Procedure 25(a) provides in relevant part: “If a party dies and the claim is not extinguished, the court may order substitution of the proper party.” Fed. R. Civ. P. 25(a).⁵ Additionally, this Court has authority to modify the Appointment Order through its inherent

⁵ Rule 25 is made applicable here by Federal Rules of Bankruptcy Procedure 7025 and 9014(c).

powers and Bankruptcy Code § 105(a). *See In re Arms*, 238 B.R. 259, 261 (Bankr. D. Vt. 1999); *In re Dore & Assocs. Contracting, Inc.*, 54 B.R. 353, 360 (Bankr. W.D. Wis. 1985).

28. The Committee requests that the Court appoint:

- (a) Panayiota Panagiotopoulos to represent the interests of the late Mr. Panagiotopoulos;
- (b) Debbie Harrison to represent the interests of the late Mr. Hamlin;
- (c) Martha Fowles to represent the interests of the late Mr. Fowles;
- (d) Lisa Hager to represent the interests of the late Mr. Hager;
- (e) Jeleva Gambill to represent the interests of the late Mr. Gambill;
- (f) Marcy Diane Aguirre to represent the interests of the late Mr. Villanueva;
- (g) Darlene Shiel to represent the interests of the late Mr. Shiel; and
- (h) Elizabeth Overton to represent the interests of the late Mr. Overton.

29. This Court originally appointed the Committee to ensure adequate representation of the Debtors' current asbestos creditors. To maintain that representation, these individuals' state law successors in interest should be substituted in their respective places.

CONCLUSION

WHEREFORE, for the reasons noted above, the Committee requests that this Court enter an order granting this Motion substantially in the form attached hereto as Exhibit J and such other and further relief as this Court deems just and appropriate.

[*Signature on following page*]

Dated: August 7, 2025

Respectfully submitted,

HAMILTON STEPHENS STEELE
+ MARTIN, PLLC

/s/ Glenn C. Thompson

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*Counsel to the Official Committee of Asbestos
Personal Injury Claimants*

EXHIBIT A

Exhibit A-1

Panagiotopoulos Certificate of Death

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2020-0083262

DATE ISSUED 10/1/2020

DECEDENT'S LEGAL NAME PANAGIOTIS PANAGIOTOPOULOS				SEX MALE	DATE OF DEATH SEPTEMBER 06, 2020
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 62 YEARS		DATE OF BIRTH [REDACTED] 1957	
CITY OR TOWN MORTON GROVE			HOSPITAL OR OTHER INSTITUTION NAME [REDACTED]		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE GREECE		SOCIAL SECURITY NUMBER [REDACTED]-2042	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PANAYIOTA KOUTROUBIS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE [REDACTED]			APT. NO. [REDACTED]	CITY OR TOWN MORTON GROVE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60053	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DIMITRIOS PANAGIOTOPOULOS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELENI HARALAMPOPOULOS
INFORMANT'S NAME PANAYIOTA PANAGIOTOPOULOS			RELATIONSHIP SPOUSE	[REDACTED] MORTON GROVE, IL, 60053	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MORGAN CREMATION SERVICES		LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION SEPTEMBER 12, 2020
FUNERAL HOME JOHN G ADINAMIS FUNERAL DIRECTOR LTD, 2720 S RIVER ROAD, DES PLAINES, IL, 60018					
FUNERAL DIRECTOR'S NAME COLM J HALPIN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015329	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 10, 2020	
CAUSE OF DEATH PART I. METASTATIC MESOTHELIOMA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): _____ Due to (or as a consequence of):					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 06:10 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 09, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL C MARSCHKE, [REDACTED]				PHYSICIAN'S LICENSE NUMBER 036-075838	

1497896



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



Exhibit A-2

Panagiotopoulos Appointment Order

20-0075 LRW/ms

Firm I.D. No: 90200

STATE OF ILLINOIS)
) §
 COUNTY OF COOK)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
 COUNTY DEPARTMENT, LAW DIVISION

PANAYIOTA PANAGIOTOPOULOS, Special
 Administrator of the Estate of PANAGIOTIS D.
 PANAGIOTOPOULOS, Deceased,

IN RE: ASBESTOS LITIGATION

NO: 20 L 003963

Plaintiff,

vs.

A.W. CHESTERTON COMPANY, et. al.,

Defendants.

ORDER

THIS CAUSE coming on before the Court on Plaintiff's motion for leave to file her First Amended Complaint at Law, to reflect the death of PANAGIOTIS D. PANAGIOTOPOULOS, to Appoint PANAYIOTA PANAGIOTOPOULOS as Special Administrator of the Estate of PANAGIOTIS D. PANAGIOTOPOULOS, and it being represented that PANAYIOTA PANAGIOTOPOULOS is legally competent to act as administrator as required by 755 ILCS 5/9-1 of the Illinois Compiled Statutes; pursuant to rule, Plaintiff's counsel has provided notice to the last known address of each of the decedent's heirs and/or legatees;

IT IS HEREBY ORDERED that PANAYIOTA PANAGIOTOPOULOS is granted leave to file her First Amended Complaint and is appointed as Special Administrator of the Estate of PANAGIOTIS D. PANAGIOTOPOULOS, Deceased, for the purpose of prosecuting this cause of action, instanter, pursuant to Section 2.1 of the Wrongful Death Act, Illinois Compiled Statutes, 740 ILCS 180/2 (2005).

COONEY AND CONWAY
 Attorneys for Plaintiff
 120 North LaSalle St., 30th Floor
 Chicago, IL 60602
 (312) 236-6166

ENTER: _____, 2020

JUDGE

Judge Clara Elizabeth McWilliams
OCT 15 2020
Circuit Court - 1889

EXHIBIT B

Exhibit B-1

Hamlin Certificate of Death

Exhibit B - Page 3 of 5
CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Dec 11 2020

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-20-225284

STATE OF TEXAS

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)

JOSEPH MICHAEL HAMLIN

2. SEX

MALE

3. DATE OF BIRTH (mm-dd-yyyy)

1950

4. AGE - Last Birthday (Years)

70

5. IF UNDER 1 YR

None

6. IF UNDER 1 DAY

None

2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)

DECEMBER 2, 2020

3. BIRTHPLACE (City & State or Foreign Country)

MCLEAN, TX

7. SOCIAL SECURITY NUMBER

[REDACTED]

8. MARITAL STATUS AT TIME OF DEATH

[X] Married [] Widowed (But not remarried) [] Divorced (But not remarried) [] Never Married [] Unknown

9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)

DEBRA ELIZABETH ROA

10a. RESIDENCE STREET ADDRESS

[REDACTED]

10b. APT. NO.

[REDACTED]

10c. CITY OR TOWN

WORTHAM

10d. COUNTY

FREESTONE

10e. STATE

TEXAS

10f. ZIP CODE

76893

10g. INSIDE CITY LIMITS?

[] Yes [X] No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE

JOSEPH WELDON HAMLIN

12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE

DORETHA FAYE MALONE

13. PLACE OF DEATH (CHECK ONLY ONE)

[X] In Hospital [] In/Outpatient [] OOA

13. PLACE OF DEATH (CHECK ONLY ONE)

[] Hospice Facility [] Nursing Home [X] Decedent's Home [] Other (Specify)

14. COUNTY OF DEATH

FREESTONE

15. CITY/TOWN, ZIP (If outside city limits, give precinct NO)

WORTHAM, 76893

16. FACILITY NAME (If not institution, give street address)

[REDACTED]

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED

DEBBIE HAMLIN - WIFE

18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)

[REDACTED] KIRVIN, TX 75848

19. METHOD OF DISPOSITION

[X] Burial [] Cremation [] Donation

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

CHARLES WAYNE ROBERTSON CFSP, BY ELECTRONIC SIGNATURE - 112241

21. [X] Unknown

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

HILLCREST

23. LOCATION (City/Town, and State)

MCLEAN, TX

24. NAME OF FUNERAL FACILITY

ROBERTSON FUNERAL DIRECTORS, INC./MCLEAN

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)

100 EAST 4TH, MCLEAN, TX 76057

26. CERTIFIER (Check only one)

[X] Certifying physician-To the best of my knowledge, death occurred due to the causes and manner stated.

27. SIGNATURE OF CERTIFIER

JAMES LEE THOMISON II, BY ELECTRONIC SIGNATURE

28. DATE CERTIFIED (mm-dd-yyyy)

DECEMBER 11, 2020

29. LICENSE NUMBER

K0596

30. TIME OF DEATH (Actual or presumed)

07:10 PM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)

JAMES LEE THOMISON II 108 SW MAIN, ENNIS, TX 75119

32. TITLE OF CERTIFIER

MD

33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. MESOTHELIOMA OF PLEURA

Due to (or as a consequence of):

b. [REDACTED]

Due to (or as a consequence of):

c. [REDACTED]

Due to (or as a consequence of):

d. [REDACTED]

Due to (or as a consequence of):

e. [REDACTED]

Due to (or as a consequence of):

f. [REDACTED]

Due to (or as a consequence of):

g. [REDACTED]

Due to (or as a consequence of):

h. [REDACTED]

Due to (or as a consequence of):

i. [REDACTED]

Due to (or as a consequence of):

j. [REDACTED]

Due to (or as a consequence of):

k. [REDACTED]

Due to (or as a consequence of):

l. [REDACTED]

Due to (or as a consequence of):

m. [REDACTED]

Due to (or as a consequence of):

n. [REDACTED]

Due to (or as a consequence of):

o. [REDACTED]

Due to (or as a consequence of):

p. [REDACTED]

Due to (or as a consequence of):

q. [REDACTED]

Due to (or as a consequence of):

r. [REDACTED]

Due to (or as a consequence of):

s. [REDACTED]

Due to (or as a consequence of):

t. [REDACTED]

Due to (or as a consequence of):

u. [REDACTED]

Due to (or as a consequence of):

v. [REDACTED]

Due to (or as a consequence of):

w. [REDACTED]

Due to (or as a consequence of):

x. [REDACTED]

Due to (or as a consequence of):

y. [REDACTED]

Due to (or as a consequence of):

z. [REDACTED]

Due to (or as a consequence of):

aa. [REDACTED]

Due to (or as a consequence of):

ab. [REDACTED]

Due to (or as a consequence of):

ac. [REDACTED]

Due to (or as a consequence of):

ad. [REDACTED]

Due to (or as a consequence of):

ae. [REDACTED]

Due to (or as a consequence of):

af. [REDACTED]

Due to (or as a consequence of):

ag. [REDACTED]

Due to (or as a consequence of):

ah. [REDACTED]

Due to (or as a consequence of):

ai. [REDACTED]

Due to (or as a consequence of):

aj. [REDACTED]

Due to (or as a consequence of):

ak. [REDACTED]

Due to (or as a consequence of):

al. [REDACTED]

Due to (or as a consequence of):

am. [REDACTED]

Due to (or as a consequence of):

an. [REDACTED]

Due to (or as a consequence of):

ao. [REDACTED]

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ap. [REDACTED]

Due to (or as a consequence of):

aq. [REDACTED]

Due to (or as a consequence of):

ar. [REDACTED]

Due to (or as a consequence of):

as. [REDACTED]

Due to (or as a consequence of):

at. [REDACTED]

Due to (or as a consequence of):

au. [REDACTED]

Due to (or as a consequence of):

av. [REDACTED]

Due to (or as a consequence of):

aw. [REDACTED]

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ax. [REDACTED]

Due to (or as a consequence of):

ay. [REDACTED]

Due to (or as a consequence of):

az. [REDACTED]

Due to (or as a consequence of):

ba. [REDACTED]

Due to (or as a consequence of):

bb. [REDACTED]

Due to (or as a consequence of):

bc. [REDACTED]

Due to (or as a consequence of):

bd. [REDACTED]

Due to (or as a consequence of):

be. [REDACTED]

Due to (or as a consequence of):

bf. [REDACTED]

Due to (or as a consequence of):

bg. [REDACTED]

Due to (or as a consequence of):

bh. [REDACTED]

Due to (or as a consequence of):

bi. [REDACTED]

Due to (or as a consequence of):

bj. [REDACTED]

Due to (or as a consequence of):

bk. [REDACTED]

Due to (or as a consequence of):

bl. [REDACTED]

Due to (or as a consequence of):

bm. [REDACTED]

Due to (or as a consequence of):

bn. [REDACTED]

Due to (or as a consequence of):

bo. [REDACTED]

Due to (or as a consequence of):

bp. [REDACTED]

Due to (or as a consequence of):

bq. [REDACTED]

Due to (or as a consequence of):

br. [REDACTED]

Due to (or as a consequence of):

bs. [REDACTED]

Due to (or as a consequence of):

bt. [REDACTED]

Due to (or as a consequence of):

bu. [REDACTED]

Due to (or as a consequence of):

bv. [REDACTED]

Due to (or as a consequence of):

bw. [REDACTED]

Due to (or as a consequence of):

bx. [REDACTED]

Due to (or as a consequence of):

by. [REDACTED]

Due to (or as a consequence of):

bz. [REDACTED]

Due to (or as a consequence of):

ca. [REDACTED]

Due to (or as a consequence of):

cb. [REDACTED]

Due to (or as a consequence of):

cc. [REDACTED]

Due to (or as a consequence of):

cd. [REDACTED]

Due to (or as a consequence of):

ce. [REDACTED]

Due to (or as a consequence of):

cf. [REDACTED]

Due to (or as a consequence of):

cg. [REDACTED]

Due to (or as a consequence of):

ch. [REDACTED]

Due to (or as a consequence of):

ci. [REDACTED]

Due to (or as a consequence of):

cj. [REDACTED]

Due to (or as a consequence of):

ck. [REDACTED]

Due to (or as a consequence of):

cl. [REDACTED]

Due to (or as a consequence of):

cm. [REDACTED]

Due to (or as a consequence of):

cn. [REDACTED]

Due to (or as a consequence of):

co. [REDACTED]

Due to (or as a consequence of):

cp. [REDACTED]

Due to (or as a consequence of):

cq. [REDACTED]

Due to (or as a consequence of):

cr. [REDACTED]

Due to (or as a consequence of):

cs. [REDACTED]

Due to (or as a consequence of):

ct. [REDACTED]

Due to (or as a consequence of):

cu. [REDACTED]

Due to (or as a consequence of):

cv. [REDACTED]

Due to (or as a consequence of):

cw. [REDACTED]

Due to (or as a consequence of):

cx. [REDACTED]

Due to (or as a consequence of):

cy. [REDACTED]

Due to (or as a consequence of):

cz. [REDACTED]

Due to (or as a consequence of):

da. [REDACTED]

Due to (or as a consequence of):

db. [REDACTED]

Due to (or as a consequence of):

dc. [REDACTED]

Due to (or as a consequence of):

dd. [REDACTED]

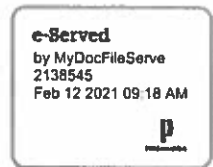
Due to (or as a consequence of):

de. [REDACTED]

Exhibit B-2

Harrison Appointment Order

IN THE CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS



DEBBIE HARRISON, Individually and as
Special Administrator for the Estate of
JOSEPH M. HAMLIN, deceased,

Plaintiff,

vs.

AMERON INTERNATIONAL
CORPORATION, Individually and as
successor-in-interest to Bondstrand, *et al.*,

Defendants.

Cause No. 20 L 174

ORDER

Cause coming to be heard on the Motion to Appoint Debbie Harrison, as Special Administrator, and the Court having considered the Motion and being fully advised in the premises, hereby orders as follows:

1. Debbie Harrison is appointed as Special Administrator pursuant to 735 ILCS 5/2-1008 and 740 ILCS 180/2.1, with full powers to prosecute, compromise and/or settle these claims.
2. Counsel for Plaintiff shall, within 90 days hereof, mail a copy of this Order to the persons listed in the Motion to Appoint Special Administrator.

SO ORDERED:

A handwritten signature in black ink, appearing to read "Stephen A. Hobbs". The signature is written over a horizontal line.

Feb 10 2021

26199694-6bb5-11eb-993b-0e543838d7a2

EXHIBIT C

Exhibit C-1

Fowles Certificate of Death

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Jerry Lynn Fowles
Sex: Male
Date of Birth: [REDACTED] 1945
State File Number: 2021-001143
Social Security Number: [REDACTED] 9278
Age at the Time of Death: 75 years

Date and Place of Death:
Date of Death: March 23, 2021
City of Death: Evanston
Location: [REDACTED]
County of Death: Uinta

Additional Decedent Information:

Place of Birth: Ogden, Utah
Residence: Evanston, Wyoming
Marital Status: Married - Martha A Davis
Armed Forces: Yes
Name of Father: Carl Fowles
Name of Mother: Wanda Huff
Informant: Martha A Fowles
Relationship: Wife

Disposition:

Method of Disposition: Burial
Place of Disposition: Utah Veterans Cemetery, Bluffdale, Utah

Funeral Home or Facility:

Facility: Crandall Funeral Home, Evanston, Wyoming

Cause of Death:

The immediate cause is listed on the first line followed by any underlying causes.

(a) Mesothelioma

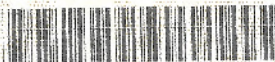
Interval:
Unknown

**Other Significant
Conditions:**

Manner of Death: Natural Death
Time of Death: 12:00 (Actual)

Certifier:

Type: Physician
Name: Nicole Dyor, M.D.
Address: 325 Front Street, #435, Evanston, WY, 82930
Date Filed: March 25, 2021



* 001225599 *

This is a true certification of the document on file in the office of Vital Statistics
Services, Cheyenne, Wyoming.

DATE ISSUED: March 26, 2021

This copy is not valid unless prepared on paper with an engraved border.

Guy Beaudoin
Guy Beaudoin
Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit C-2

Fowles Substitution Order



1ALAN R. BRAYTON (73685 Admitted *Pro Hac Vice*)
DANIEL J. MORSE (13467)
dmorse@braytonlaw.com
BRAYTON ♦ PURCELL LLP
222 Rush Landing Rd.
P.O. Box 6169
Novato, CA 94948
(415) 898-1555
utasbestos@braytonlaw.com

Attorneys for Plaintiffs

**IN THE THIRD JUDICIAL DISTRICT COURT
IN AND FOR SALT LAKE COUNTY, STATE OF UTAH**

1JERRY FOWLES and
MARTHA FOWLES,

Plaintiffs,

vs.

PNEUMO ABEX LLC, et al.,

Defendants.

**1ORDER TO SUBSTITUTE MARTHA
FOWLES AS NAMED PLAINTIFF**

1Case No. 190909343
Master Case No. 0109000863

Judge Randall N. Skanchy

1The Court, having reviewed plaintiffs' Motion to Substitute as plaintiff, Martha Fowles, in this case, hereby ORDERS as follows: The Motion to Substitute Martha Fowles as named plaintiff in this case is hereby GRANTED.

The Court has reviewed the foregoing and approves this Order to Substitute Martha Fowles as named Plaintiff in place of Decedent, Jerry Fowles.

BY THE COURT:

SIGNATURE WILL BE AFFIXED AT THE TOP OF THIS DOCUMENT

Judge Randall N. Skanchy _____

EXHIBIT D

Exhibit D-1

Hager Certificate of Death

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00

P 29440291

Certification Number



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Debra K. Gass OCT 23 2022

Local Registrar

Date Issued

Type/Print in Permanent Book Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

File Number 414818-2022

1. Decedent's Legal Name (First, Middle, Last, Suffix) Ray Howard Hager		2. Sex Male	3. Social Security Number 0859	4. Date of Death (Month, day, year) October 14, 2022
5a. Age Last Birthday (Yr) 69	5b. Under 1 Year Months: 0 Days: 0	5c. Under 1 Day Hours: 0 Minutes: 0	6. Date of Birth (Month/Day/Year) (Month) 1953	
7a. Birthplace (City and State or Foreign Country) Baltimore, Maryland		7b. Birthplace (County) Baltimore (city)		
8a. Residence (State or Foreign Country) Pennsylvania		8b. Residence (Street and Number - include Apt No.) Adams		8c. Did Decedent Live in a Township? Yes <input checked="" type="checkbox"/> Berwick Township ncp
8d. Residence (County) Adams		8e. Was decedent lived within limits of the Residence (Zip Code) 17331 city:ncp		
9. Ever in US Armed Forces? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>		10. Marital Status at Time of Death Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/>		11. Surviving Spouse's Name (If wife, give name prior to first marriage) Lisa Marie Russell
12. Father / Parent's Name (First, Middle, Last, Suffix) Seigle Ray Hager		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Norma Jean Moyes		
14a. Informant's Name Lisa Marie Hager		14b. Relationship to Decedent Spouse		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) Hanover, PA 17331
15a. Place of Death (Check only one) <input checked="" type="checkbox"/> Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____		15b. City or Town, State, and Zip Code Hanover, Pennsylvania 17331		
15c. Facility Name (If not institution, give street and number) Wetzel Funeral Home and Crematory, Inc.		15d. County of Death Adams		
16a. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		16b. Date of Disposition October 24, 2022		16c. Place of Disposition (Name of cemetery, crematory, or other place) Wetzel Funeral Home and Crematory, Inc.
16d. Location of Disposition (City or Town, State, and Zip) Hanover, Pennsylvania 17331		17a. Signature of Licensed Service Licensee or Person in Charge of Interment Samuel B. Smith (Electronically Signed)		17b. License Number FD138618
17c. Name and Complete Address of Funeral Facility Wetzel Funeral Home and Crematory Inc. 5448 Carlisle Street Hanover, Pennsylvania 17331				
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.				
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LL.M., JD)				
19. Decedent's Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.				
<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.				
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander				
21. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIREE.				
<input type="checkbox"/> Installer <input type="checkbox"/> Fire Sprinkler Systems				
22. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIREE.				
<input type="checkbox"/> Installer <input type="checkbox"/> Fire Sprinkler Systems				
23. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIREE.				
<input type="checkbox"/> Installer <input type="checkbox"/> Fire Sprinkler Systems				
24. Date Pronounced Dead (Month/Day/Yr) October 14, 2022				
25. Signature of Person Pronouncing Death (Only when applicable) 02 27 AM				
26. Cause of Death - Enter the chain of events, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				
IMMEDIATE CAUSE a. Malignant Mesothelioma of left lung and pleura Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of):				
27. Was an autopsy performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
28. Were autopsy findings available to complete the cause of death? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				
31. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined				
32. Date of Injury (Month/Day/Year) (Specify Month) October 14, 2022				
33. Time of Injury 02 27 AM				
34. Place of Injury (e.g. home; construction site; farm; school) Hanover, Pennsylvania 17331				
35. Location of Injury (Street and Number, City, State, Zip Code) Adams				
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____				
38. Describe How Injury Occurred: While working on a fire sprinkler system, the decedent fell from a ladder.				
39. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one) <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
Signature of certifier: Sabrina Martz (Signature on File) Title of certifier: MD License Number: MD452829				
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) 310 Stock Street Ste 5 Hanover, Pennsylvania 17331				
39c. Date Signed (Month/Day/Year) October 21, 2022				
39d. Registrar's Date (Month/Day/Year) October 21, 2022				
39e. Registrar's Signature Debra K. Gass (Signature on File)				
39f. Registrar's Date (Month/Day/Year) October 21, 2022				
39g. Amendments				

Exhibit D-2

Hager Fiduciary Short Certificate

FIDUCIARY SHORT CERTIFICATE

COMMONWEALTH OF PENNSYLVANIA } SS
COUNTY OF ADAMS

I, Karen Heflin, Register of Wills in and for the County of Adams, in the Commonwealth of Pennsylvania,
DO HEREBY CERTIFY that on February 17, 2023, LETTERS OF ADMINISTRATION for the Estate of RAY
HOWARD HAGER deceased, were granted to LISA M HAGER having first been qualified well and truly to
administer the same. And I further certify that no revocation of said Letters appears of record in my office.

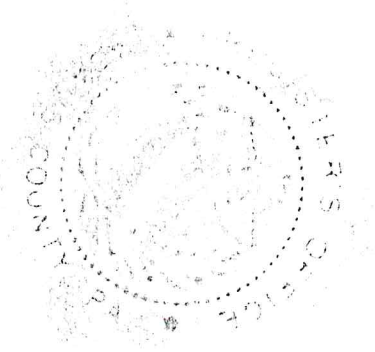
Date of Death: October 14, 2022

Given under my hand and seal of office this 17th day of

File No. 0123-0096

February, 2023.

Social Security No. [REDACTED]-0859



Register

NOT VALID WITHOUT ORIGINAL SIGNATURE AND IMPRESSED SEAL

EXHIBIT E

Exhibit E-1

Gambill Certificate of Death

KENTUCKY CERTIFICATE OF DEATH

114 202330871

Case #: E202308100032

FORM VEA T-A
(REVISED 09/2015)

DATE ISSUED

AUG 24 2023

Christina S. Stewart
State Registrar

DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW



Exhibit E-2

Gambill Order of Appointment

AOC-805 Doc. Code: OPP;
Rev. 1-22 OWF; or OFID
Page 4 of 4

Commonwealth of Kentucky
Court of Justice www.kycourts.gov
KRS 394.145; 395.015; 395.016



PETITION FOR PROBATE OF WILL;
AND/OR APPOINTMENT OF
EXECUTOR/ADMINISTRATOR; AND ORDER

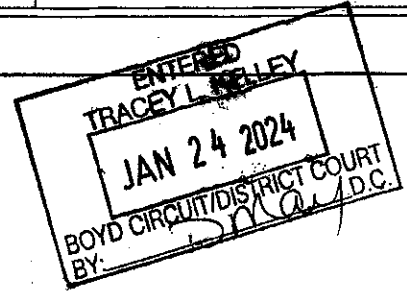
Case No. 23-P-480
Court DISTRICT
County Boyd
Division 1

IN RE: Estate of JOHN T. GAMBILL

ORDER

☒ Petition filed this 29 day of DEC, 2023

☐ Will tendered this _____ day of _____, 202_____



Upon hearing, the Will offered was proven by _____ and ORDERED
PROBATED as the Last Will and Testament of Decedent this _____ day of _____, 202_____.

The Court appoints: Jeana Faye Gambill as ☐ Executor/Executrix OR

☒ Administrator/Administratrix of said estate and fixes bond in the sum of \$ [REDACTED] ☐ with surety
OR ☒ without surety.

(Check if Executor/Executrix or Administrator/Administratrix is a nonresident)

☐ The Court designates _____, whose address is _____
_____, as agent for the service of process in any action filed against
the above-appointed Executor/Executrix or Administrator/Administratrix as personal representative or personally if the
action accrued in the administration of the estate.

Date 1.24, 2024

[Signature]
Judge's Signature

Distribution: Case File
Revenue Cabinet (Petition and Order)

COMMONWEALTH OF KENTUCKY
COUNTY OF BOYD
I, TRACEY L. KELLEY, CLERK OF THE BOYD CIRCUIT
DISTRICT COURTS, DO HEREBY CERTIFY THAT THE
FOLLOWING IS A TRUE AND CORRECT COPY OF THE
Order appointing admin
AS RECORDED IN MY OFFICE, GIVEN UNDER MY
HAND AND SEAL ON THIS 25th DAY
OF Jan 2024
TRACEY L. KELLEY, CLERK
BOYD CIRCUIT/DISTRICT COURT
BY: [Signature]

AOC-805 Doc. Code: PPW;
Rev. 1-22 PWF; or PAF
Page 1 of 4

Commonwealth of Kentucky
Court of Justice www.kycourts.gov

KRS 394.145; 395.015; 395.016



PETITION FOR PROBATE OF WILL, KEELEY
AND/OR APPOINTMENT OF
EXECUTOR/ADMINISTRATOR AND ORDER

Case No. 23-P-480
Court _____

County _____
Division _____

IN RE: Estate of John T. Gambill

Decedent's Information: SSN 3038 Birthdate: 1932 Date of Death: 07-31-2023

Last Address: Ashland Ky 41102

Decedent died: ☒ Intestate (without a Will) ☐ Testate (with a Will)

PETITION FOR

☐ PROBATE OF WILL

☐ APPOINTMENT OF EXECUTOR/EXECUTRIX

☒ APPOINTMENT OF ADMINISTRATOR/ADMINISTRATRIX

Petitioner states there has been no previous administration in the Decedent's estate in Kentucky or elsewhere. Further, Petitioner states that the statements in the caption are true, and that the names of the surviving spouse, heirs at law and next of kin known to Petitioner are as follows (use additional paper if necessary):

Name: Jeleva Faye Gambill Relation: Widow Age: 86
Address: Ashland Ky 41102

Name: John David Gambill Relation: Son Age: 63
Address: Ashland Ky 41102

Name: Tamara Faye Persinger Relation: Daughter Age: 59
Address: Ashland Ky 41102

Decedent owned/had interest in the following real estate with estimated market values as noted:

Estimated Total: \$ _____

AOC-805
Rev. 1-22
Page 2 of 4

Decedent owned/had interest in the following personal property with estimated market values as noted:

[REDACTED] Estimated Total: \$ [REDACTED]

Petitioner is indebted to or owes Decedent \$ [REDACTED]

☐ Petitioner applies for probate of Decedent's Will, filed herewith, which is his/her Last Will and Testament.

☒ Petitioner prays Jeleva F. Gambill, whose address is

[REDACTED] Ashland Ky 41022

be appointed ☒ Executor/Executrix ☐ Administrator/Administratrix of said estate and who offers as surety on the bond the following: _____

(Check if applicable) ☐ The above-named Executor/Executrix or Administrator/Administratrix requesting appointment is a nonresident of this state and designates _____, a resident of this county, residing at _____ as his/her agent for the service of process in any action filed against him/her as personal representative or personally, provided that such personal action accrued in the administration of the estate.

All the foregoing statements are true.

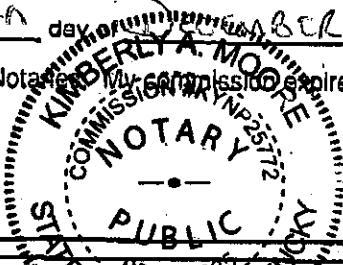
Petitioner's Signature: Jeleva F. Gambill Phone No.: [REDACTED]

Petitioner's Name (Printed): Jeleva F. Gambill

Petitioner's Address: [REDACTED]
Ashland KY 41022

The foregoing was duly subscribed, sworn and acknowledged before me by JELEVA F. GAMBILL, this 5th day of SEPTEMBER, 2023.

For Notary Public, My Commission Expires: 5-4-2025 My notary ID number is: KYNP25772



Kimberly A. Moore
Notary Public, State At Large or Circuit Clerk/D.C.

This certifies this Petition was prepared or subscribed by the undersigned in accordance with the meaning and tenor of Kentucky Civil Rule 10. (Attorney must prepare and present separate order. You may use AOC-806, AOC-840, or complete Order on Page 4 of this Petition, as appropriate.) (To be filed in duplicate.)

Attorney's Signature: _____ Phone No.: _____

Attorney's Name (Printed): _____

Address: _____

AOC-805
Rev. 1-22
Page 3 of 4

WAIVER

We, the undersigned, surviving spouse and next of kin of the above-named Decedent, resident of Boyd
County, Kentucky, hereby waive notice of the hearing of the Petition and if applicable, the presentation of said Decedent's
Will for probate and/or appointment of fiduciary, and request the Court to appoint Jelema F. Gambill
as ☒ Executor/Executrix, Administrator/Administratrix.

_____	_____
_____	_____
_____	_____
_____	_____

EXHIBIT F

Exhibit F-1

Villanueva Certificate of Death

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Sep 14 2020

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-20-161658

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
RICHARD R. VILLANUEVA						AUGUST 29, 2020	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country)
MALE	1941	79					PLEASANTON, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)				
0050	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		OLGA HERNANDEZ				
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.		10c. CITY OR TOWN	
						SAN ANTONIO	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
BEXAR		TEXAS		78213		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
LUCIANO VILLANUEVA				BENITA RODRIGUEZ			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA							
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)			
BEXAR		SAN ANTONIO, 78213					
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
OLGA VILLANUEVA - WIFE				SAN ANTONIO, TX 78213			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21.			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		ALMA ANNETTE TORRES, BY ELECTRONIC SIGNATURE - 116103		<input checked="" type="checkbox"/> Unknown			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
MISSION PARK CREMATORY				SAN ANTONIO, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
MISSION PARK FUNERAL CHAPELS NORTH				3401 CHERRY RIDGE DRIVE, SAN ANTONIO, TX 78230			
26. CERTIFIER (Check only one)							
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.							
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	
JEET GANDHI, BY ELECTRONIC SIGNATURE				SEPTEMBER 11, 2020		R3675	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TIME OF DEATH (Actual or presumed)		32. TITLE OF CERTIFIER	
JEET GANDHI 8207 CALLAGHAN RD, SAN ANTONIO, TX 78230				02:02 PM		MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.		34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. MESOTHELIOMA OF PLEURA		Approximate interval Onset to death		44	
Due to (or as a consequence of):		b. SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEAL AND PERITONEUM				44	
Due to (or as a consequence of):		c. OTHER SECONDARY PULMONARY HYPERTENSION				44	
Due to (or as a consequence of):		d. DYSPNEA UNSPECIFIED				44	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.				SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
				Tara Das			

EDR NUMBER 00004444815308

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Sep 15 2020

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Exhibit F-2

Villanueva Letters Testamentary

BEXAR

No. 2020PC3477

In Probate Court

Bexar County, Texas

In Matters Probate

Estate of
RICHARD R. VILLANUEVA, DECEASED

Letters Testamentary

The State of Texas, County of Bexar

I, LUCY ADAME-CLARK, Clerk of the Probate Court of Bexar County, Texas, DO HEREBY CERTIFY, that the Last Will and Testament of the above named deceased has been admitted to Probate and on the 28th day of October A.D., 2020, MARCY DIANE AGUIRRE qualified according to law as INDEPENDENT EXECUTOR of the Estate of RICHARD R. VILLANUEVA, DECEASED , and that said appointment is in full force and effect.

Given under my hand and seal of office at San Antonio, Texas, the 3rd day of November A.D., 2020

LUCY ADAME-CLARK, CLERK
Probate Court No. 1, Bexar County, Texas



By Bobby Epson, Deputy
BOBBY EPSON



EXHIBIT G

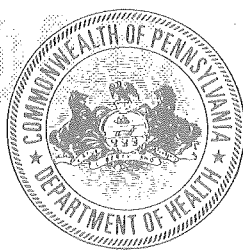
Exhibit G-1

Shiel Certificate of Death

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 27334897

Certification Number

Julie A. Lewis
Local Registrar

AVG 05/2020
Date Issued

Type/Print in Permanent Block		COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS		State File Number: 376205-2020	
CERTIFICATE OF DEATH					
1. Decedent's Legal Name (First, Middle, Last, Suffix) Richard J. Shiel		2. Sex Male	3. Social Security Number [REDACTED]-1012	4. Date of Death (Month, day, year) July 28, 2020	
5a. Age-Last Birthday (Yrs) 76		5b. Under 1 Year Months Days	5c. Under 1 Day Hours Minutes	6. Date of Birth (Mo/Day/Year) (Spell Month) [REDACTED] 1943	
7a. Birthplace (City and State or Foreign Country) Pennsylvania		7b. Birthplace (County) Washington			
8a. Residence (State or Foreign Country) Pennsylvania		8b. Residence (Street and Number - include Apt No.) [REDACTED]		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in Hopewell Township	
8d. Residence (County) Beaver		8e. Residence (Zip Code) 15001		8f. No, decedent lived within limits of _____ city/town.	
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage) Darlene McClain	
12. Father / Parent's Name (First, Middle, Last, Suffix) William Shiel		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Maude Smith			
14a. Informant's Name Darlene Shiel		14b. Relationship to Decedent Spouse		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) [REDACTED] Aliquippa, PA 15001	
15. Facility Name (If not institution, give street and number) [REDACTED]		15a. City or Town, State, and Zip Code Hopewell Township, Pennsylvania 15001		15b. County of Death Beaver	
16a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		16b. Date of Disposition July 31, 2020		16c. Place of Disposition (Name of cemetery, crematory, or other place) Mt. Olivet Catholic Cemetery	
16d. Location of Disposition (City or Town, State, and Zip) Aliquippa, Pennsylvania 15001		17a. Signature of Funeral Service Licensee or Person in Charge of Interment Alexis Olson (Electronically Signed)		17b. License Number FD139490	
17c. Name and Complete Address of Funeral Facility 2840 Mill Street Aliquippa, Pennsylvania 15001		17d. Cremation & Funeral Tributes Inc			
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input checked="" type="checkbox"/> 8th grade or less <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LL.B., JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. Decedent's Race - Check ONE OR MORE boxes to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Millwright		22b. Kind of Business/Industry Manufacturing	
ITEMS 23a-24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		23a. Date Pronounced Dead (Mo/Day/Yr) [REDACTED]		23b. Signature of Person Pronouncing Death (Only when applicable)	
23d. Date Signed (Mo/Day/Yr) [REDACTED]		24. Time of Death 07:35 AM		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAUSE OF DEATH					
26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Mesothelioma Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. Due to (or as a consequence of):					
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28. Were autopsy findings available to complete this cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
32. Date of Injury (Mo/Day/Yr) (Spell Month)		33. Time of Injury			
34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, State, Zip Code)			
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		38. Describe How Injury Occurred:	
39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: Yehuda Lebowicz (Signature on File) Title of certifier: MD					
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) 1030 Beaver Hollow Road Beaver, Pennsylvania 15008		39c. Date Signed (Mo/Day/Yr) July 28, 2020		40. Registrar's District Number 04-068	
41. Registrar's Signature Jennifer L. Atkins (Signature on File)		42. Registrar File Date (Mo/Day/Yr) August 05, 2020			
43. Amendments					

Exhibit G-2

Shiel Short Certificate

COMMONWEALTH OF PENNSYLVANIA - SHORT CERTIFICATE
COUNTY OF BEAVER



I, TRACEY ANTOLINE-PATTON

Register for the Probate of Wills in and for
BEAVER County, do hereby certify that on
the 14th day of August, Two Thousand and Twenty
Letters *TESTAMENTARY*
in common form were granted by the Register
of said County, on the

estate of SHIEL RICHARD J, late of HOPEWELL TWP
(Last, First, Middle)

a/k/a SHIEL RICHARD J SR

in said county, deceased, to SHIEL DARLENE
(Last, First, Middle)

and that same has not since been revoked.

IN TESTIMONY WHEREOF, I have here unto set my hand and affixed the seal of
said office at BEAVER, PENNSYLVANIA, this 14th day of August
Two Thousand and Twenty.

File No. 04 - 20 - 00685

Date of Death 7/28/2020

S.S. # ██████-1612

Tracey Antoline-Patton
Register Of Wills

TRACEY ANTOLINE-PATTON

Register of Wills & Clerk of Orphans' Court
My Commission Expires First Monday January, 2024

EXHIBIT H

Exhibit H-1

Overton Certificate of Death

VERMONT CERTIFICATE OF DEATH

Robert K. Overton

Aliases: None

Date of Death: January 02, 2021

Time of Death: 6:20 AM

Age: 70 Years

1442021200030

State File Number

Date of Birth: [REDACTED] 1950

Birthplace: Winchester, MA

Sex: Male

Mother's/Parent's Birth Name: Geraldine Hudson

Father's/Parent's Birth Name: George Overton

Marital Status: Divorced

Spouse/Civil Union Partner:

Residence: [REDACTED] Townsend, MA

Hispanic Origin: No

Race: White

Occupation: Contractor

Business/Industry: Construction

Education: High school graduate or GED completed

Ever in U.S. Armed Forces: No

Veteran of Any War: No

Hospice Care (in past 30 days): Yes

Place of Death: Daughter's home; [REDACTED] West Dover, VT

Informant: Elizabeth Overton; [REDACTED] West Dover, VT 05356

Relationship: Daughter

Disposition Date: January 07, 2021

Place of Temporary Storage:

Method: Burial

Place of Final Disposition: Riverview Cemetery, Wilmington, VT

Funeral Director/Authorized Person: Thomas R. Lloyd

Address: Covey Allen & Shea Funeral Home, 44 East Main St, Wilmington, VT 05363

Cause of Death and Interval (Onset to Death):

Manner of Death: Natural

A. Probable Acute Myocardial Infarction (1 Day) due to B. Coronary Artery Disease (> 1 Year)

Other Contributing Conditions: Ischemic Cardiomyopathy, Mesothelioma

Did Tobacco Use Contribute to Death: Unknown

Pregnant at Time of Death: Not applicable

Date Pronounced Dead: January 02, 2021

Time Pronounced Dead: 10:30 AM

Medical Examiner Contacted: No

Autopsy Performed: No

Injury Date/Time:

Injury at Work:

Transportation Injury:

Injury Place:

Injury Location:

How Injury Occurred:

Medical Certifier: Daniel Caloras, MD; Charlestown Family Medicine, PO Box 1118, Main Street, Charlestown, NH 03603

Title of Certifier: Physician

Date Certified: January 02, 2021

Other Attending Physician:

Registration:

Jean DeCell

Jean DeCell, State Registrar

Date Registered: January 05, 2021

Printed from Vermont Electronic Death Registration System on: January 05, 2021

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE INFORMATION ON THE ORIGINAL CERTIFICATE ON FILE IN THE VERMONT DEPARTMENT OF HEALTH OR CUSTODIAL AGENCY.

DATE ISSUED:

January 5, 2021

ATTEST:

Kayla Thompson

Asst Town Clerk
Bennington

This copy not valid unless prepared on engraved border displaying state seal of Vermont

Exhibit H-2

Overton Letters of Authority for Personal Representative

**LETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE**

MI21P0368EA

**Commonwealth of Massachusetts
The Trial Court
Probate and Family Court****Estate of:**

Robert Kenneth Overton

Date of Death: 01/02/2021

Middlesex Probate and Family Court

208 Cambridge Street

Cambridge, MA 02141

(617)768-5800

To:

Elizabeth M. Overton

Wardsboro, VT 05355

You have been appointed and qualified as Personal Representative in ☐ Supervised ☒ Unsupervised
administration of this estate on April 13, 2021
(date)

These letters are proof of your authority to act pursuant to G. L. c. 190B, except for the following restrictions if any:

☐ Pursuant to G. L. c. 190B, § 3-108(4), the Personal Representative shall have no right to possess estate assets as provided in § 3-709 beyond that necessary to confirm title thereto in the successors to the estate and claims, other than expenses of administration, if any, shall not be paid.

☐ The Personal Representative was appointed before March 31, 2012 as Executor or Administrator of the estate.

(Do Not Write Below This Line-For Court Use Only)

CERTIFICATION

I certify that it appears by the records of this Court that said appointment remains in full force and effect. IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of said Court.

Date April 13, 2021

Tara E. DeCristofaro, Register of Probate

EXHIBIT I

ELECTRONICALLY FILED

Superior Court of California,
County of Alameda

11/01/2022 at 04:25:27 PM

By: Darnekia Oliver,
Deputy Clerk

Justin Bosl, Esq. (C.S.B. #241117)
jbosl@kazanlaw.com
Henry A. Steinberg, Esq. (C.S.B. #284998)
hsteinberg@kazanlaw.com
KAZAN, McCLAIN, SATTERLEY & GREENWOOD
A Professional Law Corporation
Jack London Market
55 Harrison Street, Suite 400
Oakland, California 94607
Telephone: (510) 302-1000
Facsimile: (510) 835-4913

Attorneys for Plaintiffs

SUPERIOR COURT OF CALIFORNIA

COUNTY OF ALAMEDA

**RICHARD BURLIN SISK JR. and
CALVENA DEA SISK,**

Plaintiffs,

vs.

**WEIR VALVES & CONTROLS USA INC.,
et al.,**

Defendants.

Case No. RG20055456

*Assigned for all Pre-Trial Purposes to
Judge Jo-Lynne Q. Lee, Dept. 18*

**DECLARATION OF SUCCESSOR IN
INTEREST**

Action Filed: February 4, 2020

I, Calvena Sisk, declare:

1. I make this declaration pursuant to Code of Civil Procedure §377.32 to commence any and all actions related to decedent's exposure to asbestos and which survive his death.

2. The name of the decedent is Richard Sisk.

3. Decedent died in Long Beach, California on August 2, 2022.

4. No proceeding is now pending in California for the administration of decedent's estate.

5. I am the decedent's successor-in-interest (as defined in § 377.11 of the California Code of Civil Procedure) and succeed to the decedent's interest in the action or proceeding.

6. No other person has a superior right to commence and/or continue the action or proceeding or to be substituted for the decedent in the pending action or proceeding.

1 7. A certified copy of decedent's death certificate is attached.

2 I declare under penalty of perjury under the laws of the State of California that the
3 foregoing is true and correct.

4 Executed October 13, 2022, at Long Beach, CA.

5
6
7 
8 Calvena Sisk

Kazan, McClain, Satterley & Greenwood

A Professional Law Corporation

Jack London Market • 55 Harrison Street, Suite 400 • Oakland, California 94607
(510) 302-1000 • Fax: (510) 835-4913 • www.kazanlaw.com

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LONG BEACH, CALIFORNIA

3052022190817

CERTIFICATE OF DEATH

3202262002167

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RICHARD		2. MIDDLE BURLIN	
3. LAST (Family) SISK, JR			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) R. B. SISK		4. DATE OF BIRTH mm/dd/ccyy 1941	
5. AGE Yrs. 81		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NC		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/ccyy 08/02/2022	
8. HOUR (24 Hours) 1244			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COLLATOR OPERATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PRINTING	
19. YEARS IN OCCUPATION 49			
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
21. CITY LONG BEACH		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90805		24. YEARS IN COUNTY 56	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CALVENA DEA SISK, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip) [REDACTED] LONG BEACH, CA 90805	
28. NAME OF SURVIVING SPOUSE/SDP*-FIRST CALVENA		29. MIDDLE DEA	
30. LAST (BIRTH NAME) CREE			
31. NAME OF FATHER/PARENT-FIRST RICHARD		32. MIDDLE BURLIN	
33. LAST SISK, SR		34. BIRTH STATE NC	
35. NAME OF MOTHER/PARENT-FIRST ALMA		36. MIDDLE FRANCES	
37. LAST (BIRTH NAME) LACKEY		38. BIRTH STATE NC	
39. DISPOSITION DATE mm/dd/ccyy 08/20/2022		40. PLACE OF FINAL DISPOSITION RESIDENCE OF CALVENA DEA SISK LONG BEACH, CA 90805	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT MILLER MIES DOWNEY MORTUARY		45. LICENSE NUMBER FD954	
46. SIGNATURE OF LOCAL REGISTRAR ANISSA DAVIS, MD, MPH		47. DATE mm/dd/ccyy 08/17/2022	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]	
106. CITY LONG BEACH			
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RIGHT PLEURA MALIGNANT MESOTHELIOMA (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Time Interval Between Onset and Death (AT) YEARS 2022-54941		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HISTORY OF ATRIAL FIBRILLATION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy 06/07/2022 07/31/2022		115. SIGNATURE AND TITLE OF CERTIFIER SARAH J. LEE, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SARAH J. LEE, MD 12200 BELLFLOWER BLVD, DOWNEY, CA 90242		117. DATE mm/dd/ccyy 08/15/2022	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. INJURY DATE mm/dd/ccyy 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/ccyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, CITY OF LONG BEACH

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED

AUG 31 2022

Anissa Davis, MD, MPH

HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PROOF OF SERVICE

Richard Burlin Sisk Jr. and Calvena Dea Sisk v. Weir Valves & Controls USA Inc., et al.
Alameda County Superior Court Case No. RG20055456

STATE OF CALIFORNIA, COUNTY OF ALAMEDA

At the time of service, I was over 18 years of age and not a party to this action. I am employed in the County of Alameda, State of California. My business address is Jack London Market, 55 Harrison Street, Suite 400, Oakland, CA 94607.

On November 1, 2022, I served true copies of the following document(s) described as:

DECLARATION OF SUCCESSOR IN INTEREST

on the interested parties in this action as follows:

SEE ATTACHED SERVICE LIST

BY ELECTRONIC SERVICE: I electronically served the document(s) by using the File & ServeXpress system. Participants in the case who are registered users will be served by the File & ServeXpress system. Participants in the case who are not registered users will be served by mail or by other means permitted by the court rules.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on November 1, 2022, at Oakland, California.

/s/ Claire Schober

Claire Schober

Kazan, McClain, Satterley & Greenwood

A Professional Law Corporation

Jack London Market • 55 Harrison Street, Suite 400 • Oakland, California 94607
(510) 302-1000 • Fax: (510) 835-4913 • www.kazanlaw.com

SERVICE LIST

SPANOS PRZETAK
475 14th St. Ste. 550
Oakland CA 94612
Telephone: (510) 250-0200
Facsimile: (510) 380-6354
FOR: DESIGNATED DEFENSE COUNSEL

Exhibit J

Proposed Order

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION**

In re:

ALDRICH PUMP LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 20-30608 (LMJ)

(Jointly Administered)

**[PROPOSED] ORDER SUBSTITUTING COMMITTEE MEMBERS OF THE
OFFICIAL COMMITTEE OF ASBESTOS PERSONAL INJURY CLAIMANTS**

Upon the motion (the “Motion”)² of the Committee for entry of an order (this “Order”) Court to appoint substitute Committee members for those Committee members that have passed away; it appearing that this Court has jurisdiction to consider the Motion pursuant to 28 U.S.C. §§ 157 and 1334; and it appearing that venue of these chapter 11 cases and the Motion in this district is proper pursuant to 28 U.S.C. §§ 1408 and 1409; and it appearing that this matter is a core proceeding pursuant to 28 U.S.C. § 157(b); and this Court having found that notice of the Motion was sufficient under the circumstances, and that, except as otherwise ordered herein, no

¹ The Debtors are the following entities (the last four digits of the Debtors’ taxpayer identification numbers follow in parentheses): Aldrich Pump LLC (2290) and Murray Boiler LLC (0679). The Debtors’ address is 800-E Beaty Street, Davidson, North Carolina 28036.

² Capitalized terms used herein and not otherwise defined shall have the meanings ascribed to them in the Motion.

other or further notice is necessary; and after due deliberation thereon; and good and sufficient cause appearing therefor;

IT IS HEREBY ORDERED THAT:

1. The Motion is GRANTED as set forth herein.
2. Panayiota Panagiotopoulos, c/o Robert Cooney of the law firm Cooney & Conway, 120 N. LaSalle Street, Suite 3000, Chicago, IL 60602, is appointed to succeed the late Panagiotis “Pete” Panagiotopoulos as a member of the Official Committee of Asbestos Personal Injury Claimants.
3. Debbie Harrison, c/o Marcus Raichle and Chris McKean of the law firm Maune Raichle Hartley French & Mudd, LLC, 1015 Locust Street, Suite 1200, St. Louis, MO 63101, is appointed to succeed the late Joseph Hamlin as a member of the Official Committee of Asbestos Personal Injury Claimants.
4. Martha Fowles, c/o Bryn Letsch of the law firm Brayton Purcell, LLP, 222 Rush Landing Road, Novato, CA 94948, is appointed to succeed the late Jerry Lynn Fowles as a member of the Official Committee of Asbestos Personal Injury Claimants.
5. Lisa Hager, c/o J. Bradley Smith of the law firm Dean Omar Branham Shirley, LLP, 302 N. Market Street, Suite 300, Dallas, TX 75202, is appointed to succeed the late Ray Hager as a member of the Official Committee of Asbestos Personal Injury Claimants.
6. Jelema Gambill, c/o John E. Herrick and John Baden of the law firm Motley Rice LLC, 28 Bridgeside Boulevard, Mount Pleasant, SC 29464, is appointed to succeed the late John Talmage Gambill as a member of the Official Committee of Asbestos Personal Injury Claimants.

7. Marcy Diane Aguirre, c/o Perry Browder and Chris Guinn of the law firm Simmons Hanly Conroy LLC, One Court Street, Alton, IL 62002, is appointed to succeed Richard R. Villanueva as a member of the Official Committee of Asbestos Personal Injury Claimants.

8. Darlene Shiel, c/o Bruce Mattock and Leif Ocheltree of the law firm Goldberg Persky White, P.C., 11 Stanwix Street, Suite 1800, Pittsburgh, PA 15222, is appointed to succeed the late Richard J. Shiel, Sr. as a member of the Official Committee of Asbestos Personal Injury Claimants.

9. Elizabeth Overton, c/o Michael Shepard and Erika O'Donnell of Shepard O'Donnell P.C., 160 Federal Street, Boston, MA 02110, is appointed to succeed the late Robert Overton as a member of the Official Committee of Asbestos Personal Injury Claimants.

10. This Court shall retain exclusive jurisdiction over all matters pertaining to the interpretation and implementation of this Order.

*This Order has been signed electronically.
The judge's signature and court's seal appear
at the top of the Order.*

United States Bankruptcy Court

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION**

In re:

ALDRICH PUMP LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 20-30608 (LMJ)

(Jointly Administered)

NOTICE OF HEARING

PLEASE TAKE NOTICE that the Official Committee of Asbestos Personal Injury Claimants filed a Motion to Substitute Committee Members (the “Motion”) in this case.

PLEASE TAKE FURTHER NOTICE that your rights may be affected by the Motion. You should read the Motion carefully and discuss it with your attorney. If you do not have an attorney, you may wish to consult with one.

PLEASE TAKE FURTHER NOTICE that if you do not want the Court to grant the relief requested in the Motion, or if you oppose it in any way, then on or before **August 21, 2025** you MUST:

1. File a formal, written response with the Bankruptcy Court at:

Clerk, United States Bankruptcy Court
Charles Jonas Federal Building
401 West Trade Street
Charlotte, North Carolina 28202
2. Serve a copy of your response on all parties in interest, including:
 - a) U.S. Bankruptcy Administrator
401 West Trade Street, Suite 2400
Charlotte, North Carolina 28202

¹ The Debtors are the following entities (the last four digits of the Debtors’ taxpayer identification numbers follow in parentheses): Aldrich Pump LLC (2290) and Murray Boiler LLC (0679). The Debtors’ address is 800-E Beaty Street, Davidson, North Carolina 28036.

- b) HAMILTON STEPHENS STEELE + MARTIN, PLLC
Glenn C. Thompson
Robert A. Cox, Jr.
525 North Tryon Street, Suite 1400
Charlotte, North Carolina 28202
- c) ROBINSON & COLE LLP
Natalie D. Ramsey
Davis Lee Wright
Thomas J. Donlon
1000 N. West Street, Suite 1200
Wilmington, Delaware 19801
- d) CAPLIN & DRYSDALE, CHARTERED
Kevin C. Maclay
Todd E. Phillips
1200 New Hampshire Avenue NW, 8th Floor
Washington, District of Columbia 20036

PLEASE TAKE FURTHER NOTICE that a hearing on the Motion will be held on **August 28, 2025 at 9:30 a.m.** (ET) before the Honorable Lena M. James at the United States Bankruptcy Court, Charles Jonas Federal Building, Courtroom 2B, 401 West Trade Street, Charlotte, North Carolina 28202.

PLEASE TAKE FURTHER NOTICE that the Court may grant the relief requested in the Motion. No further notice of the hearing on the Motion will be given.

Dated: August 7, 2025
Charlotte, North Carolina

HAMILTON STEPHENS
STEELE + MARTIN, PLLC

/s/ Glenn C. Thompson
Glenn C. Thompson (Bar No. 37221)
525 North Tryon Street, Suite 1400
Charlotte, North Carolina 28202
Telephone: (704) 344-1117
Facsimile: (704) 344-1483
Email: gthompson@lawhssm.com

*Counsel to the Official Committee
of Asbestos Creditors of Bestwall LLC*