

**DII Industries, LLC Silica PI Trust  
Deceased Injured Party Affidavit - Union Work**

**AFFIDAVIT VERIFYING WORK HISTORY/JOBSITES**

My name is \_\_\_\_\_.

I am the Personal Representative of the Estate of

\_\_\_\_\_, whose Social Security Number was

\_\_\_\_-\_\_\_\_-\_\_\_\_, and I state as follows:

1. That the decedent worked as a(n) \_\_\_\_\_.  
(state trade)

2. That the decedent was occupationally exposed to silica-containing products during the years \_\_\_\_\_ to \_\_\_\_\_.

During the course of the decedent's employment, he/she worked at numerous job sites for periods varying days, weeks, months and years. Among the decedent's job sites are the following locations:

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In aggregate, the decedent had meaningful and credible exposure, which occurred prior to December 31, 1982, to silica-containing products supplied, specified, used, installed, or manufactured by one or more of the Halliburton or Harbison-Walker entities at job sites identified above for a period of at least six months.

3. I certify that the statements contained in this document

are true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_.  
County of \_\_\_\_\_.

Subscribed and sworn to by \_\_\_\_\_, who personally appeared this \_\_\_\_\_ day of \_\_\_\_\_, 2007, before me, the undersigned, a Notary Public in and for the county and state written above, and as witnessed by my hand and official seal.

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature