

**Estate or Personal Representative Verification Form
H. K. Porter Asbestos Trust**

Name of Injured Party: _____

Claim ID: _____

Name of Representative: _____

In the space provided below, explain your relationship to the injured party and your authorization to file a claim on behalf of the injured party or his or her estate. You must attach copies of documents that demonstrate your authorization. Examples of such documents include, but are not limited to:

- Living: Power of attorney or guardianship documents
- Deceased: Certificate of appointment as an estate representative

Signature of Representative

Date