

APPENDIX G  
TO CONSOLIDATED STYLE ORDER  
STANDARD INTERROGATORIES  
(DECEASED PLAINTIFF)

APPENDIX G

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SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

Plaintiffs,

v.

Defendants.

No.

PLAINTIFF'S RESPONSES TO  
STYLE INTERROGATORIES  
PROPOUNDED TO THE  
PERSONAL REPRESENTATIVE OF  
THE ESTATE OF DECEDENT

INTERROGATORIES

BACKGROUND

1. Please provide the following for decedent and spouse, if applicable:
  - (a) Full name, including other names by which decedent has been known, including nicknames, maiden names, and aliases;
  - (b) Date and place of birth, Social Security number, and all addresses at which decedent lived during the past 20 years, including your current address;
  - (c) Dependents (including names, ages and relationship to you); and
  - (d) Your current height and weight.

ANSWER:

MARITAL STATUS & CHILDREN

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2. If decedent was ever married, provide the following:
- 2 (a) Full name, place of residence (i.e., city or town or specific address, if known), and  
date of marriage for each spouse (and date of divorce, if applicable);
- 3 (b) The occupation and income of decedent's spouse;
- 4 (c) Names, ages and place of residence (i.e., city or town or specific address, if  
known) of children from each marriage; and
- 5 (d) The present general state of health of decedent's spouse and each child listed  
above, or if deceased, the date and cause of death.

6 ANSWER:

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9 FAMILY MEMBERS

- 10
- 11 3. Identify the following with respect to each of decedent's parents, step parents, siblings,  
adopted siblings, and half-siblings:
- 12 (a) Name, place of residence (i.e., city or town or specific address, if known),  
relationship status, and age for each such person;
- 13 (b) Whether any of the persons listed above has suffered from cancer, bronchitis,  
emphysema, or any other respiratory, pulmonary or cardiovascular condition or  
any other serious health condition or illness if known;
- 14 (c) If deceased, the date, place, and cause of death for each person listed above, if  
known;
- 15 (d) Whether any of the persons listed above has been exposed to asbestos-containing  
materials, and if so, the details of such exposure.

16 ANSWER:

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- 20 4. Please state the highest grade or last school or educational facility attended by decedent,  
including the dates of attendance and degree attained, if applicable. (Include technical,  
21 vocational training and correspondence courses.)

22 ANSWER:

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MILITARY SERVICE

5. If decedent ever served in the armed forces of any country, please state the following:
- (a) Country served;
  - (b) Inclusive dates of service;
  - (c) Branch of service;
  - (d) Rank attained;
  - (e) Type of duty;
  - (f) Where duty was performed;
  - (g) When decedent was discharged;
  - (h) Type of discharge; and
  - (i) Decedent's serial number.
  - (j) If ever rejected by the armed forces, state the date and reasons.

ANSWER:

OTHER LAWSUITS, PROCEEDINGS, ETC.

6. If decedent was ever party to any lawsuit (excluding this lawsuit), arbitration or administrative agency action involving personal injury or illness, please state the following:
- (a) The names and addresses of all plaintiffs, defendants and other parties, and each of their attorneys;
  - (b) The location and court, tribunal, arbitration board or administrative agency where each lawsuit, arbitration, or administrative agency action was filed;
  - (c) The cause or identifying file number;
  - (d) The approximate date of filing;
  - (e) The circumstances, nature and extent of the injuries or illnesses claimed; and
  - (f) The present status of each lawsuit, arbitration or administrative agency action, including the decision, award or ruling, if any.

ANSWER:

INCOME

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- 7. For each of the past ten (10) years of decedent’s working life, please state the following:
  - (a) The amount of all income decedent received;
  - (b) The sources of all income decedent received (e.g., itemized as to each individual source);
  - (c) For each full time job, decedent’s employer, type of work, base rate of pay and overtime rate of pay, and the number of hours per week which decedent normally worked, including how much of this was compensated as overtime; and
  - (d) For each part time job, decedent’s employer, type of work, decedent’s rate of pay received for such work, and the total hours or days decedent worked part time.

ANSWER:

EXPERT WITNESSES

- 8. For each expert witness decedent expects to call at trial, please state the following:
  - (a) The name, address, and occupation of each expert witness;
  - (b) The subject matter on which such expert witness is expected to testify;
  - (c) The substance of the facts and opinions to which such expert witness is expected to testify; and
  - (d) A summary of the grounds for each such opinion.

ANSWER:

SMOKING HISTORY

- 9. If decedent smoked or used tobacco products during his/her lifetime, please describe his/her smoking history in detail (e.g., give specific information about the time period decedent smoked, amount smoked, whether or not decedent inhaled, type of tobacco product, brand names, etc.)

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EMPLOYMENT

- 10. For each employer for whom decedent ever worked (including self-employment and part time employment) please identify:
  - (a) In chronological order, the beginning and ending dates of each period of employment;
  - (b) The place of each such employment;
  - (c) The nature of the business for each such employment; and
  - (d) Decedent’s particular title or job description or function for each such employment.

ANSWER:

ASBESTOS EXPOSURE/JOBSITES

- 11. Identify each job site or ship (referencing its specific location and the dates of decedent’s employment) at which you claim exposure to asbestos-containing products and decedent’s occupation or trade at each job site.

ANSWER:

- 12. State separately for each job site or ship enumerated in your response to Interrogatory No. 11, the following:
  - (a) The name and address of decedent’s employer;
  - (b) The names of each contractor that brought, installed, or used the asbestos or asbestos-containing product on the job site, the date, and the contractor that is related to decedent’s exposure;
  - (c) The nature of decedent’s exposure to asbestos containing products (include job title, duties performed, and details as to whether exposure occurred during rip-out, repair, new construction, etc.);

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- (d) The names of the manufacturers, sellers, distributors and/or the brand names of the asbestos-containing products to which decedent was exposed and the dates you claim decedent's exposure to each product;
- (e) The names and addresses of co-workers and supervisors/foremen;
- (f) The name, address and telephone number of every witness who can identify asbestos-containing product(s) at the site. For each such witness, also please identify which specific products they will identify at each specific job site. (If you are relying on a deposition of the witness, please identify the deposition.);
- (g) Whether during the course of that employment decedent was advised, warned or made aware in any manner that exposure to or inhalation of, asbestos dust and fibers could have an adverse affect on his/her health. If so, for each such advice, warning or awareness, state who advised decedent, where he/she was advised, when he/she was advised, how he/she was advised, and the nature of the advice, warning or awareness that decedent was given;
- (h) Whether respiratory safety equipment (e.g., masks, respirators, suckers, blowers, etc.) were either required, made available to decedent, or recommended by decedent's employer, supervisor or anyone else at the job site;
- (i) Whether decedent's employer provided showers or separate lockers for work and personal clothing; and
- (j) Whether company sponsored physical examinations were required or made available to decedent by each employer, and if so, the nature and frequency of such examinations. If known, state the names and addresses of the examining doctor or facility.

ANSWER:

13. If you contend decedent was exposed to asbestos or asbestos products under circumstances outside of decedent's employment, please state the following:
- (a) The physical location, place and circumstances of this exposure;
  - (b) The trade name, manufacturer, product type, and product contents to which decedent was exposed;
  - (c) The dates you contend decedent came into contact with each such product; and
  - (d) The names and addresses of all persons who have knowledge or witnessed this exposure.

ANSWER:

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1 UNION MEMBERSHIP

2 14. If decedent was ever a member of any professional association, labor union or other  
3 trade, labor or employment organization, please state the following:

- 4 (a) The name and address of such union or labor organization, including local  
5 designation and dates of membership;
- 6 (b) The type of work that decedent was authorized to perform by virtue of this  
7 membership;
- 8 (c) Whether decedent received any newspapers, newsletters or other publications  
9 from this union or labor organization and if so, the title(s) of the publications, and  
10 the time period, including dates during which decedent received such  
11 publications;
- 12 (d) Whether or not decedent was ever informed during meetings or through  
13 publications offered by the union of possible hazards associated with decedent's  
14 job, and specifically those hazards associated with exposure to asbestos dust; and
- 15 (e) Whether or not there were any medical screening programs offered or encouraged  
16 by decedent's union, and whether decedent took part in any such program. If  
17 decedent took part, list the names of the facilities where the examinations took  
18 place and the names of the participating physicians, if known.

11 ANSWER:

15 RETIREMENT

16 15. If decedent was retired from full time employment, please state the following:

- 17 (a) The date upon which decedent retired from full time employment;
- 18 (b) The reasons for decedent's retirement; and
- 19 (c) The nature and amount of any benefits received as a result of decedent's  
20 retirement.

20 ANSWER:



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1 ASBESTOS-RELATED DOCUMENTS

- 2 16. Provide the following with respect to the asbestos-related disease which forms the basis  
 3 of this lawsuit. (Do not refer defendants to decedent's medical records. Provide specific  
 4 answers.):
- 5 (a) Nature of asbestos-related disease;
  - 6 (b) Date disease was diagnosed;
  - 7 (c) Physician or health care facility diagnosing the asbestos-related condition; and
  - 8 (d) Physicians or health care facilities which provided care or treatment for the  
 9 asbestos-related condition after diagnosis.

10 ANSWER:

11 HEALTH CARE PROVIDERS

- 12 17. With respect to each doctor or health care provider who examined or treated decedent for  
 13 any respiratory condition during his/her lifetime or for any other health condition during  
 14 the last 25 years of decedent's life, state the following:
- 15 (a) The name and address of each such doctor or health care provider;
  - 16 (b) The reasons that decedent was seen by each doctor or health care provider;
  - 17 (c) The type of examination or nature of treatment that was given to decedent by each  
 18 doctor or health care provider; and
  - 19 (d) The date or dates on which decedent was examined or treated by each doctor or  
 20 health care provider.

21 ANSWER:

22 WORKERS' COMPENSATION/DISABILITY CLAIMS

- 23 18. If decedent filed a state or federal workers' compensation claim, a social security claim  
 or a disability claim with any other entity for benefits as a result of his/her alleged  
 asbestos-related disease or for any other reason, please state the following:

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- 1           (a)    The date the claim was filed and its nature (i.e., Washington Department of Labor
- 2                    & Industries claim, Federal Department of Labor claim, Longshoreman's claim,
- 3                    Social Security, etc.);
- 4           (b)    The file number of the claim(s);
- 5           (c)    The status of decedent's claim(s) (i.e., whether you are receiving benefits, your
- 6                    claim(s) have been denied, etc.); and
- 7           (d)    The nature of the disability for which decedent filed the claim.

8           ANSWER:

9           SPECIAL DAMAGES

- 10    19.    Please state the following for each and every special damage amount (including wage
- 11            loss, if any, and medical bills) which you allege as a result of decedent's asbestos-related
- 12            injury:
- 13           (a)    Special damage amount;
  - 14           (b)    Basis for this amount; and
  - 15           (c)    Whether you have any documentation to support this special damage amount. (If
  - 16                    so, please provide the documentation.)

17           ANSWER:

- 18    20.    If a death certificate was prepared after the death of decedent please attach a copy of the
- 19            death certificate or state the following:
- 20           (a)    The identity of the person who signed the death certificate;
  - 21           (b)    The identity of the person listed on the death certificate as the informant;
  - 22           (c)    The identity of each doctor, pathologist, and coroner furnishing information
  - 23                    appearing on the death certificate;
  - (d)    The immediate cause of death shown on the death certificate and the identity of
  - the person(s) furnishing this stated cause of death; and
  - (e)    Whether the death certificate was filed and, if so, identify the agency or office
  - where filed including its address.

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1 ANSWER:

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21. If an autopsy was performed on decedent, please attach a copy of the autopsy report or state the following:

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(a) The person(s) performing such autopsy, including their employer, title, professional affiliations, etc.;

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(b) Date on which the autopsy was performed;

(c) The place where the autopsy was performed; and

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(d) The basic results, findings, and conclusions of the autopsy report.

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ANSWER:

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22. If an autopsy was performed on decedent, were any specimens or tissue samples taken or retained? If so, identify:

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(a) The nature of the specimens or tissue samples taken or retained;

(b) The person at whose direction such specimens or tissue samples were taken or retained;

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(c) The purpose for taking or retaining such specimens or tissue samples; and

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(d) The present location and custodian of all such specimens or tissue samples.

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ANSWER:

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23. Was decedent buried? If so, state:

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(a) The date of burial;

(b) The place of burial, naming the cemetery or other burial place and its location; and

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(c) The cost of the burial services (attach a copy of any receipts or invoices, if available).

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ANSWER:

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24. Was decedent cremated? If so, state:
- (a) The date of cremation;
  - (b) The place of cremation;
  - (c) The identity of the person(s) in charge of the cremation; and
  - (d) The cost of the cremation services (attach a copy of any receipts or invoices, if available).

ANSWER:

25. Was decedent survived by a spouse? If so, state:
- (a) Whether said surviving spouse has remarried; and
  - (b) If so, the date of remarriage and to whom.

ANSWER:

26. Did decedent die testate? If so, state:
- (a) Whether the will has been filed for probate, and, if so, the title of the action, the name of the court in which the action lies, and the court's file number;
  - (b) Whether the will has been admitted to probate, and, if so, the date; and
  - (c) The name, address, and relationship to decedent of each executor named in the will.

ANSWER:

27. Has there been a contest of the will of decedent? If so, state:
- (a) The name, address, and relationship to decedent of each person contesting the will;

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- 1           (b)    The date on which each contest was filed;  
2           (c)    The grounds for each contest of the will;  
3           (d)    The name of the court, and the court's file number for each contest; and  
4           (e)    How and when each contest was determined by the court, or otherwise settled.

5 ANSWER:

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8 28.    Did decedent die intestate? If so, state:  
9           (a)    Whether application for administration has been filed, and, if so, the date of filing,  
10           name of court where filed, the court's file number, and the title of the action; and  
11           (b)    The name and address of each duly qualified and appointed administrator of the  
12           estate.

13 ANSWER:

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15 29.    Have there been any proceedings to determine the heirs or beneficiaries of decedent's  
16           estate? If so, state:  
17           (a)    The name of court, court's file number, and title of any proceeding in which such  
18           determination was made or is being made; and  
19           (b)    The date of commencement of each such proceeding.

20 ANSWER:

- 21 30.    With respect to the personal representative of decedent's estate, please state the  
22           following:  
23           (a)    The full name and address of the personal representative;  
          (b)    The relationship, if any, of the personal representative to decedent;

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- 1 (c) The court file number of the action in which this person was appointed personal representative;
- 2 (d) The date of appointment and the date of qualification as personal representative; and
- 3 (e) Whether this person succeeds another person as personal representative of decedent's estate, and if so, give the name and address of each previous personal representative.

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5 ANSWER:

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8 31. For each person surviving the decedent and claiming damages in this action, state:
- 9 (a) Their name, address, relationship to decedent, and occupation;
  - 10 (b) Date and place of their birth;
  - 11 (c) The general condition of their present state of health; and
  - 12 (d) The nature and amount of the damages claimed by each person.

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15 ANSWER:

- 16 32. Did decedent perform services for any parent, spouse or child who survived him or her? If so, for each such person, state:
- 17 (a) The name, address and relationship to decedent of the person for whom the service was performed;
  - 18 (b) A description of each service performed for such person;
  - 19 (c) The total time spent by decedent performing the service per year, and the frequency with which he or she performed each service;
  - 20 (d) The date decedent last performed each such service;
  - 21 (e) The compensation; if any, decedent received from performing each service;
  - 22 (f) The name, address and relationship to decedent of each person or agency compensating decedent for each service;
  - 23 (g) The total cost to such person for getting others to perform each service performed by decedent; and
  - (h) The name, address and occupation of each person performing each such service since decedent's death.

ANSWER:

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33. At the time of his/her death, was decedent contributing money, tangible goods, or personal services for the support of persons other than his/her parents, spouse or children? If so, identify the person(s) whom decedent helped support, the nature and amount of the support, and the dates of such support.

ANSWER:

34. During the last five (5) years of decedent's life, did anyone other than decedent contribute to decedent's support? If so, identify:  
(a) The name and address of each person who contributed to decedent's support;  
(b) The relationship to decedent of each such person who contributed to decedent's support; and  
(c) The amount contributed to decedent's support in each of decedent's last five (5) years by each such person.

ANSWER:

35. For each of the three (3) years prior to his/her death, separately state the decedent's average monthly personal expenditures or costs for each of the following items:  
(a) Lodging;  
(b) Food;  
(c) Transportation;  
(d) Travel;  
(e) Cleaning and laundry;  
(f) Recreation, hobbies, and entertainment;  
(g) Haircuts and incidentals;  
(h) Clothing and shoes;  
(i) Dental examination and treatment;  
(j) Other medical expenses not related to the alleged asbestos exposure;  
(k) Insurance premiums;  
(l) Dues; and

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1 (m) Savings.

2 ANSWER:

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- 6 36. At the time of the decedent's death and for each of the three calendar years preceding the  
7 decedent's death, please list the following:  
8 (a) The decedent's net worth;  
9 (b) The nature and value of the decedent's assets; and  
10 (c) The nature and extent of the decedent's liabilities or debts.

11 ANSWER:

- 12 37. Was decedent ever charged with failure to support any person alleged to be dependent  
13 upon him or her? If so, for each such charge, state:  
14 (a) The name, address and relationship to decedent of the alleged dependent;  
15 (b) The date such charges were brought;  
16 (c) The name and address of the person making such charges;  
17 (d) The court, tribunal or other agency to which, or in which, such charge was made;  
18 (e) A description of the charges against decedent; and  
19 (f) The final disposition of such charges.

20 ANSWER:

- 21 38. If you claim you were exposed to asbestos-containing parts or products in a motor  
22 vehicle, for each claimed exposure:  
23 (a) Identify the machine or motor vehicle for which the asbestos-containing part or  
product was (or was intended to be) a component, including the year, make,  
model number, or other identifying classification.  
(b) Identify the asbestos-containing part or product, including the type of product,  
manufacturer of product, and model or product number.



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- 1 (c) Identify the circumstances under which the exposure took place, including date, time, and location.
- 2 (d) Identify the procedure, task, or circumstances that resulted in your exposure to the asbestos-containing part or product.

3 ANSWER:

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- 7 39. For each **new** asbestos-containing part or product identified in Interrogatory 38(b), above:
  - 8 (a) State whether the part or product was purchased by you or provided to you.
  - 9 (b) Describe the packaging of the part or product, including the size of the box (if any); the color(s) of the packaging and/or any printing or pictures thereon; any identifying marks on the part or product itself; and a description of the logo (if any).
  - 10 (c) Identify the point of purchase (by store name and address) or provision (by location where it was provided to you, and name of the person providing it), and the date and time of purchase or provision.

11 ANSWER:

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- 16 40. For each **used** asbestos-containing part or product identified in Interrogatory 38(b):
  - 17 (a) State whether the part or product was obtained by you or provided to you.
  - 18 (b) State where the part or product came from, including:
    - 19 i. If it was removed from another motor vehicle, the make, model, and year of the motor vehicle from which the part or product came (if other than the motor vehicle you were working on, identified in Interrogatory 38(a), above);
    - 20 ii. If it was obtained from a person or entity (such as, but not limited to, a friend, a store, or a junkyard), the name and address of the person or entity from whom it was obtained.
  - 21 (c) Describe any identifying marks on the part or product, including but not limited to color, logo, or words or phrases engraved on the product.
  - 22 (d) If you believe the part or product was original equipment to the motor vehicle, state the basis for this belief.

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ANSWERS to the FOREGOING INTERROGATORIES were submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PLAINTIFF’S COUNSEL’S FIRM

\_\_\_\_\_, WSBA \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
   ) ss.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, declare under penalty of perjury that I am the above named plaintiff, that I have read the foregoing answers to interrogatories, know the contents thereof, and believe the same to be true.

\_\_\_\_\_  
Plaintiff

00070968