

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION**

In re:

PATRIOT COAL CORPORATION, *et al.*,

Debtors.

Chapter 11

Case No. 12-51502-659

(Jointly Administered)

Hearing Date: May 20, 2014

Hearing Time: 10:00 a.m. Central

Location: Courtroom 7-N, St. Louis

**REORGANIZED DEBTORS' OBJECTION TO CLAIM FILED BY
CATHY WRIGHT, ADMINISTRATRIX, ESTATE OF NINA WRIGHT**

Patriot Coal Corporation and its affiliates (the "Debtors" or the "Reorganized Debtors"), pursuant to 11 U.S.C. § 502 and Fed. R. Bankr. P. 3007, respectfully file this Objection to Claim Filed by Cathy Wright, Administratrix, Estate of Nina Wright (the "Objection"). In support of this Objection, the Reorganized Debtors show the Court as follows:

Relief Requested

1. By this Objection, the Reorganized Debtors object to a certain claim listed on Exhibit A attached hereto (the "Claim") because the Reorganized Debtors have no liability on account of the Claim, and the Claim does not establish any basis for liability of the Debtors or otherwise include sufficient documentation to permit the Debtors to ascertain the validity of the Claim. The Reorganized Debtors request entry of an order, pursuant to Section 502 of the Bankruptcy Code and Fed. R. Bankr. P. 3007, modifying or disallowing the Claim.

2. Any response to this Objection should include, among other things, (i) an appropriate caption, including the title and date of this Objection; (ii) the name of the claimant,

both the EDMO and GCG claim numbers of the claim that the Reorganized Debtors are seeking to disallow, and a description of the basis for the amount claimed; (iii) a concise statement setting forth the reasons why the Court should not sustain this Objection, including, but not limited to, the specific factual and legal bases upon which the claimant relies in opposing this Objection; (iv) copies of any documentation and other evidence which the claimant will rely upon in opposing this Objection at a hearing; and (v) the name, address, telephone number and facsimile number of a person authorized to reconcile, settle or otherwise resolve the claim on the claimant's behalf. A claimant that cannot timely provide such documentation and other evidence should provide a detailed explanation as to why it is not possible to timely provide such documentation and other evidence.

Jurisdiction

3. This Court has jurisdiction over this Objection under 28 U.S.C. § 1334. Venue of this proceeding is proper pursuant to 28 U.S.C. § 1409. This is a core proceeding within the meaning of 28 U.S.C. § 157(b)(2).

4. Venue is proper pursuant to 28 U.S.C. §§ 1408 and 1409.

Background

5. Ninety-nine of the Debtors filed voluntary petitions for relief under Chapter 11 of the Bankruptcy Code on July 9, 2012 in the United States Bankruptcy Court for the Southern District of New York (the "Petition Date").

6. On December 19, 2012, these Debtors' cases were transferred to the United States Bankruptcy Court for the Eastern District of Missouri [Dkt. No. 1789].

7. The bar date for filing proofs of claim against these Debtors was December 14, 2012 [Dkt. No. 1388].

8. On March 1, 2013, the Court entered its Order Establishing Procedures for Claims Objections [Dkt. No. 3021].

9. Debtors Brody Mining, LLC and Patriot Ventures LLC filed voluntary petitions for relief under Chapter 11 of the Bankruptcy Code on September 23, 2013 in this Court. The bar date for filing proofs of claim against these Debtors was October 24, 2013.

10. On December 17, 2013, the Court confirmed (the “Confirmation Order”) the Fourth Amended Joint Plan of Reorganization (the “Plan”) [Dkt. No. 5169]. The Effective Date occurred on December 18, 2013.

Objection and Argument

11. The Reorganized Debtors object to the Claim identified on Exhibit A, incorporated herein by reference. The Claim does not establish any basis for liability by the Debtors or otherwise include sufficient documentation to permit the Debtors to ascertain the validity of the Claim.

12. The Claim asserts the unsecured amount of \$548,380.00; it contains no documents in support thereof.

13. Prior to the Petition Date, the claimant was involved in litigation with Debtor Eastern Associated Coal, LLC (“Eastern”) in the Circuit Court of Raleigh County, West Virginia, Civil Action No. 11-C-5410013 (the “State Court Litigation”). In that case, the claimant asserted personal injuries resulting from the decedent’s exposure to float-sink lab

chemicals while working at a float-sink coal washing lab owned, operated or controlled by Eastern. The Reorganized Debtors believe the Claim relates to the State Court Litigation.

14. The State Court Litigation involved extensive discovery and was briefed for summary judgment. The claimant admitted her written discovery responses that the onset of the decedent's injuries had occurred prior to her employment at Eastern, and the claimant produced no evidence of decedent's exposure to any float-sink chemicals. *See* Amended Float-Sink Plaintiff Fact Sheet, attached hereto as Exhibit B (admitting the decedent's work for Eastern was from 1976 through 1988, Question 2; stating the length of exposure to chemicals at Eastern was unknown, Question 9; admitting it is unknown whether the decedent performed float sink testing; Question 9; claiming injuries commenced in "early 1970s," Question 12).

15. Neither the Claim nor the State Court Litigation identify any basis for liability of the Debtors to the claimant.

16. A proof of claim that is executed and filed in accordance with the Federal Rules of Bankruptcy Procedure ordinarily is prima facie evidence of the validity and amount of the claim. Fed. R. Bankr. P. 3001(f). Nevertheless, a proof of claim that, on its face, provides "absolutely no legal basis for liability by the Debtor" is appropriately disallowed. *In re AFY, Inc.*, 463 B.R. 483 (B.A.P. 8th Cir. 2012). Because the Claim does not state cognizable claims against Patriot Coal or the other Debtors, it should be disallowed.

WHEREFORE, the Reorganized Debtors respectfully request that this Court:

- (a) disallow the Claim; and
- (b) grant such other and further relief as is just and proper.

Dated: April 18, 2014
St. Louis, Missouri

Respectfully submitted,
BRYAN CAVE LLP

/s/ Laura Uberti Hughes
Lloyd A. Palans, #22650MO
Brian C. Walsh, #58091MO
Laura Uberti Hughes, #60732MO
One Metropolitan Square
211 N. Broadway, Suite 3600
St. Louis, Missouri 63102
(314) 259-2000
Fax: (314) 259-2020

Local Counsel to the Reorganized Debtors

-and-

DAVIS POLK & WARDWELL LLP
Marshall S. Huebner
Damian S. Schaible
Brian M. Resnick
Michelle M. McGreal
450 Lexington Avenue
New York, New York 10017
(212) 450-4000
Fax: (212) 607-7983

Counsel to the Reorganized Debtors

Exhibit A

Objection to Claim

**Patriot Coal Corporation
12-51502 (KSS)**

Note: Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.

	CLAIM(S) TO BE DISALLOWED			
SEQ NO.	NAME	GCG CLAIM NO.	ED MO CLAIM NO.	CLAIM AMOUNT
1	CATHY WRIGHT ADMINISTRATRIX ESTATE OF NINA VIRGINIA WRIGHT C/O WEITZ & LUXENBERG PC ATTN WILLIAM A WALSH, ESQ 700 BROADWAY NEW YORK, NY 10003 Date Filed: 12/07/12 ED MO Date Filed: 02/25/13 Debtor: EASTERN ASSOCIATED COAL, LLC	1261	779-1	Unsecured: \$548,380.00

* Denotes an unliquidated component.



IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

-----X
IN RE : FLOAT-SINK LITIGATION

-----X Civil Action No. 11-C-500000
This Document Applies to Hon John A. Hutchison
Wright v. Arkema Inc. Civil Action No. 11-C-5410013
-----X

AMENDED FLOAT-SINK PLAINTIFF FACT SHEET

Plaintiff Cathy Wright, on behalf of Nina Wright, deceased, consistent with the Court's Orders of August 12, 2011 and June 28, 2011, provides the following responses to defendants' Fact Sheet.

1. Plaintiff objects to defendants' Fact Sheet to the extent they seek information or documents outside the scope of discovery permissible under the West Virginia Rules of Civil Procedure or any Order of this Court.

2. Plaintiff objects to defendants' Fact Sheet to the extent that they seek documents or information covered by the attorney-client privilege, the work product doctrine, the consulting expert privilege or any other applicable privilege or immunity. None of Plaintiff's responses are intended as, or should be construed as, a waiver or relinquishment of any part of the protections afforded by the attorney-client privilege, the work product doctrine, the consulting expert privilege or any other applicable privileges or immunities. Plaintiff reserves the right to withdraw and recover any documents covered by such privileges or immunities if Plaintiff inadvertently or

mistakenly produces such document or information in response to defendants' Fact Sheet.

3. Plaintiff objects to defendants' Fact Sheet to the extent that they contain vague or ambiguous terms or are overly broad, unduly burdensome and oppressive, and not reasonably calculated to lead to the discovery of admissible evidence.

4. Plaintiff reserves her rights to supplement or amend her responses to include newly found responsive information or documents.

PLAINTIFF'S RESPONSES

A. PERSONAL INFORMATION

1. 1. Please provide the following personal information:
 - a. Last Name: Wright
 - b. First Name: Nina
 - c. Middle Name or Initial: Virginia
 - d. Maiden or other names used or by which you have been known, including the dates you used each name: Nina Thompson (1931 – approximately 1948)
 - e. Address: 790 Coal River Mountain Road, Mount Hope, WV 25880
 - f. Social Security, Visa or Green Card Number: ██████████ 6073
 - g. Date of Birth: ██████████ 1931
 - h. Military Service (if applicable): None
 - i. Education: Beginning with high school, provide the name and address of educational institution, years attended, diploma/degree attained.

Pax High School, Pax, WV; 1945 – 1948; High School Diploma

B. EMPLOYMENT INFORMATION

2. Since the age of 18 to present, please include all of your employers' names, addresses, job titles, job descriptions and job duties, dates of employment and the reason for leaving each job.

- a. Employers name: New River Company
Employers address: Mount Hope, WV
Job title: Lab Technician
Job description: Checked for sulfur, work with the ovens, wash the coal, crushed coal
Job duties: Unsure
Dates of employment: Approximately 1956 – late 1960's
Supervisor: John W. Scott and Harry Kirkpatrick
Union membership, if any: None
Reason for leaving: Company shut down
- b. Employers name: Photo Corral, Inc.
Employers address: Beckley, WV
Job title: Collecting photos
Job description: Film drop off, give them back to customer
Job duties: Handle photos for customers
Dates of employment: Unknown
Supervisor: Unknown
Union membership, if any: N/A
Reason for leaving: New job
- c. Employers name: Peabody Coal Company/Eastern Associated Coal Corp.
Employers address: Sophia, WV
Job title: Lab Technician
Job description: Unsure

Job duties: Unsure

Dates of employment: During the period from 1976 - 1988

Supervisor: Unknown

Union membership, if any: None

Reason for leaving: Disability

3. Identify the PPE provided to you during your employment at a float-sink lab(s), and whether you used the PPE provided and how often you used the PPE provided by your employer. If you did not use PPE, please state why.
- a. PPE provided: None
 - b. Employer providing PPE: New River Coal and Peabody Coal
 - c. Use of PPE: Yes _____ No X
 - d. If yes, describe usage of PPE: N/A
 - e. If no, reason for not using PPE: There was no PPE provided
 - f. Were you provided with PPE use instructions?
Yes _____ No X
 - g. Did the float-sink lab(s) at which you worked have a ventilation system(s)? Yes ___ No X
If "yes," please describe in detail the ventilation system(s) used at each float-sink lab at which you worked.
N/A
4. Identify the date and substance of every communication, if any, with your Employer(s)/Supervisor(s)/Union Safety Representative about alleged hazardous working conditions or alleged injuries and/or conditions suffered by you or your co-workers due to exposure to chemicals used in float-sink labs.
- a. Employer/Supervisor/Union Safety Representative and Date:
Unknown
Substance of communication: Unknown

5. During your employment at a float-sink lab(s), did you ever report an incident or concern to OSHA, MSHA and/or WVMHST or any other government agency or office? Yes ___ No ___ Unknown X

If "yes," please identify the employer, the date of each incident or concern, the entity each incident was reported to, description of each incident, resolution of each incident and steps taken to remedy each identified violation.

6. Please provide a detailed description of all monetary damages you allege you suffered as a result of your alleged exposure to chemicals used in float-sink labs.

Pain & Suffering: The value of these damages either requires calculation by one or more experts, or is a question for the trier of facts. Plaintiff also incorporates here the individual medical problems that she developed and experienced, identified in question 12 or in plaintiff's medical records, due to her exposure to perchloroethylene and all other chemicals used in float-sink testing.

Past Medical Costs: The value of these damages either requires calculation by one or more experts, or is a question for the trier of facts.

Lost Income, Earnings: The value of these damages either requires calculation by one or more experts, or is a question for the trier of facts.

Plaintiff also seeks to recover punitive damages from the manufacturing and distributor defendants.

7. Identify each specific unsafe working condition you contend existed in your work place(s) and which you assert in your claim(s) against your employer(s) and for each such condition identify (a) by proper citation each state or federal safety statute, rule or regulation which you contend was applicable to said work and working condition and which you contend was violated by your employer; and (b) each commonly accepted and well-known safety standard within the industry or business of your employer, as demonstrated by competent evidence of written standards or guidelines which reflect a consensus safety standard in the industry or business; (c) If you contend that a particular employer or distributor had actual knowledge of the specific unsafe working condition(s) identified above, provide the facts supporting your contention and identify each person who had actual knowledge or information regarding the specific unsafe working condition(s).

Defendants violated multiple federal and state regulations and standards, including, but not limited to, WV Code § 21-3-18, 29 CFR §§ 1910.94, 1910.119, 1910.132, 1910.133, 1910.134, 1910.145, 1910.1000, 1910.1200, 1910.1450 and the NIOSH standard for exposure to perchloroethylene.

Employer defendants routinely disregarded or ignored ASTM and NIOSH standards and recommendations for float-sink testing. The work was not performed in well ventilated or hooded areas. System effectiveness was not checked. My employer did not conduct any sampling of personal exposure to perchloroethylene and other chemical or conduct air sampling tests in the lab area. Despite knowledge of the chronic and acute exposure risks associated with float-sink chemicals, my employer failed to adhere to and follow all regulatory obligations and failed to provide adequate safety equipment.

The manner in which Nina Wright conducted float-sink testing, from the use of the equipment to the persistent presence of chemical odors was open and obvious and was known to anyone visiting the lab. The officers of the company would have had knowledge of these conditions as a result of any attention to the operation of the company.

8. Please state whether you, anyone on your behalf, or any other person, to your knowledge, ever complained about the unsafe working condition(s) identified above. If your answer is "yes," please identify the person who made the complaint, the person to whom the complaint was made, the substance of the complaint, and the date of the complaint.

Plaintiff is unsure whether or not Nina Wright made any complaints or if any of her colleagues made any complaints.

C. PRODUCT IDENTIFICATION AND EXPOSURE INFORMATION

9. For each location where you allege exposure to chemicals used in float-sink labs, please indicate which chemicals were used at each float-sink lab at each location and state the following:

a. Chemical to which you allege exposure: Perchloroethylene

Manufacturer of chemical to which you were allegedly exposed (if unknown, write unknown): Unknown

If known, please describe in detail the basis for your identification of the chemical manufacturer: N/A

Distributor of chemical to which you were allegedly exposed (if unknown, write unknown): Unknown

If known, please describe in detail the basis for your identification of the chemical distributor: N/A

Place of exposure: Mount Hope, WV and Sophia, WV

Employer: New River Company and/or Peabody/Eastern

Dates: See dates of employment above

Job Title/Description: Lab technician at New River, Unknown at Peabody/Eastern

As part of your job description, did you conduct float-sink testing?

Yes ___ No ___ Unknown X

If "no," please provide the specific job-related tasks or acts that directly resulted in your alleged exposure to chemicals used in float-sink labs: Unknown

Average length of exposure daily and/or weekly: Plaintiff is unaware of Nina Wright's specific daily and/or weekly exposure, but is aware that Ms. Wright typically worked 8 hours per day/40 hours per week.

Names of supervisors and co-workers with knowledge regarding the exposure: Unknown

10. Describe and identify each and every interaction, communication, or contact with any Distributor or delivery person of the chemicals used in float-sink labs including, but not limited to, participation in the ordering of and/or receipt of and/or delivery by any distributor of any of the chemicals used in float-sink labs by any of your Employers listed in your operative Complaint.

Unknown

If you state above that you were involved in the ordering or receipt of chemicals used in float-sink labs, please describe in detail all associated documentation, including, but not limited to, catalogs, forms, purchase orders, invoices, and/or bills of lading.

N/A

11. Did you ever see, read and/or review a MSDS, label, warning, catalog or product use instruction for any chemical you identified in response to Question No. 9? Yes ___ No ___ Unknown X

If "yes," please identify all MSDSs, labels, warnings, catalog or product use instructions for any chemical(s) you identified in your response in Question No. 9 that you saw during your employment at a float-sink lab. Please include where and when you saw the MSDS, label, warning or product use instruction, the name(s) of the Manufacturer or Distributor who published the MSDS, label, warning, catalog or product use instruction and your employer at the time you saw the MSDS, label, warning, catalog or product use instruction.

- a. Identify the MSDS, label, warning, catalog or product use instruction reviewed, including the chemical to which it was referring:

Where/when: _____

Employer: _____

Manufacturer: _____

Distributor: _____

D. CLAIM INFORMATION-MEDICAL INFORMATION

12. Do you claim that you suffered bodily injury, illness, disease or other health condition as a result of exposure to chemicals used in float-sink labs? Yes X No ___

If "yes," please answer the following:

- a. Describe each bodily injury, illness, disease or other health condition you claim resulted from your exposure to chemicals used in float-sink labs.

Plaintiff suffered from Parkinson's disease and suffered a nervous breakdown, and suffered from seizures and hallucinations. Plaintiff suffered from shaking, tingling and numbness in limbs, plaintiff's neck muscles were affected, and her speech was affected, Plaintiff had a hysterectomy.

These injuries are based on plaintiff's own personal, preliminary assessment. Plaintiff also incorporates by reference any of the deceased's medical records or reports that her doctors have prepared.

Plaintiff understands that chronic exposure to perchloroethylene and other float-sink chemicals can adversely impact the central nervous system resulting in a variety of injuries that neither plaintiff nor her general doctor would attribute to chemical exposure (for example, impairment of visual memory). Plaintiff expressly reserves the right to edit or augment this response after her records are reviewed by a medical expert.

- b. Provide the date of onset of the above-referenced injuries, illnesses, diseases or conditions and the symptoms for each.

Nervous breakdown (early 1970's), Parkinson's (early 1970's)

- c. When was the first time you saw a Healthcare provider for any of the symptoms you link to the above-referenced injuries, illnesses, diseases or conditions?

Parkinson's (early 1970's), nervous breakdown (early 1970's)

- d. Are you currently experiencing symptoms related to the above-referenced injuries, illnesses, diseases or conditions?

Yes _____ No _____ (plaintiff is deceased)

If "yes," please describe the symptoms:

13. Have you had discussions with any Healthcare provider about whether any of the injuries, illnesses, diseases or conditions you have identified were caused by exposure to chemicals used in float-sink labs?

Unknown

If yes, check one of the following:

- a. I was told that one or more of the injuries, illnesses, diseases or conditions that I identified above was caused by exposure to chemicals used in float-sink labs:
- (1) Yes _____ No _____
 - (2) Date of first visit to Healthcare provider: _____
 - (3) Diagnosis and date of diagnosis: _____
 - (4) Identify the Healthcare provider that made the diagnosis,

along with his/her specialty, address and telephone number:

b. I was told that none of the injuries, illnesses, diseases or conditions that I identified above were caused by exposure to chemicals used in float-sink labs:

(1) Yes _____ No _____

(2) Date of first visit to Healthcare provider: _____

(3) Diagnosis and date of diagnosis: _____

(4) Identify the Healthcare provider that made the diagnosis, along with his/her specialty, address and telephone number:

c. I was told by the Healthcare provider that he/she does not know whether any of the injuries, illnesses, diseases or conditions that I identified above were caused by exposure to chemicals used in float-sink labs:

(1) Yes _____ No _____

(2) Reason, if any, given by Healthcare provider why he/she could not diagnose the cause of my injuries, illnesses, diseases or conditions:

(3) Date of first visit to Healthcare provider: _____

(4) Date of statement regarding inability to determine causation: _____

(5) Identify the Healthcare provider that made the statement, along with his/her specialty, address and telephone number:

14. Has a Healthcare provider told you periodic medical examinations would be necessary in detecting the onset of any condition for which you seek monitoring?

Yes _____ No X

If "yes," please state the name of the Healthcare provider, his/her specialty, address and telephone number; state every condition for which you are seeking medical monitoring from one or more manufacturer or distributor defendants in this lawsuit; state the type(s) of monitoring procedure(s) identified by each Healthcare provider; and state when he/she told you that such periodic examinations would be necessary.

a. Healthcare provider name/specialty: _____

Street Address

City State Zip Code

Telephone

Examination(s)/procedure(s)/condition(s): _____

Date Healthcare provider advised periodic examinations would be
necessary:

15. Have you ever received treatment of any kind for any injury, illness, disease or condition that you claim resulted from exposure to chemicals used in float-sink labs?

Unknown

If "yes," identify the Healthcare provider(s) from whom and where such treatments have been received, for what injury, illness, disease or condition did you receive treatment and treatment received.

a. _____
Name

Address

Telephone Number

Injury/Treatment Received

b. _____
Name

Address

Telephone Number

Injury/Treatment Received

16. What harm or consequence, including physical and mental/psychological limitations, do you claim you suffered as a result of the injuries, illnesses, diseases or conditions referenced above, excluding any mental damages, lost wages or out of pocket expenses? Please state whether you continue to presently suffer from such harm, if any.

Plaintiff suffered from Parkinson's disease and suffered a nervous breakdown, and suffered from seizures and hallucinations. Plaintiff suffered from shaking, tingling and numbness in limbs, plaintiff's neck muscles were affected, and her speech was affected. Plaintiff had a hysterectomy.

E. MEDICAL PROVIDERS AND OTHER SOURCES OF INFORMATION

17. Identify each Healthcare provider who has seen or treated you in the past forty-five (45) years who has not been previously identified in your answers to this Fact Sheet (including pharmacies where you have filled prescriptions, as provided in the Definitions to this Fact Sheet).

- a. Dr. George E. Lovegrove/General Practitioner
Name/Specialty

4130 Robert C Byrd Dr
Street Address

Beckley, WV, 25801
City, State, Zip Code

(304) 254-0911
Telephone Number

Prescribed Parkinson's Medication
Treatment Received

- b. Dr. Jay Michael Haught/Gastroenterologist
Name/Specialty

2401 S Kanawha St # 105
Street Address

Beckley, WV
City, State, Zip Code

(304) 252-1511
Telephone Number

General check ups, Parkinson's medication
Treatment Received

- c. Dr. Johnny Dy/Neurologist
Name/Specialty

2401 S Kanawha Street #102
Street Address

Beckley, WV
City, State, Zip Code

(304) 252-0699
Telephone Number

Treatment for Parkinson's
Treatment Received

- d. Dr. Adnan Silk/Neurologist
Name/Specialty

1902 Harper Road #A
Street Address

Beckley, WV
City, State, Zip Code

(304) 255-0096
Telephone Number

Treatment for Parkinson's
Treatment Received

- e. Appalachian Regional Hospital
Name/Specialty

306 Stanaford Road
Street Address

Beckley, WV 25801
City, State, Zip Code

(304) 255-3000
Telephone Number

Parkinson's, gall bladder removed
Treatment Received

- f. Raleigh General Hospital
Name/Specialty

1710 Harper Road
Street Address

Beckley, WV 25801
City, State, Zip Code

(304) 256-4100
Telephone Number

Treatment for Parkinson's
Treatment Received

g. West Virginia Vein and Skin Centers
Name/Specialty

4130 Robert C Byrd Drive
Street Address

Beckley, WV 25801
City, State, Zip Code

(304) 252-3900
Telephone Number

Unknown
Treatment Received

h. University of Virginia Health Sciences Center
Name/Specialty

1215 Lee Street
Street Address

Charlottesville, VA 22908
City, State, Zip Code

(434) 924-0000
Telephone Number

Motility disorder
Treatment Received

i. Unknown mental hospital
Name/Specialty

Unknown
Street Address

Radford, VA
City, State, Zip Code

Unknown
Telephone Number

Parkinson's testing
Treatment Received

j. Duke University Medical Center
Name/Specialty

2301 Erwin Road
Street Address

Durham, NC 27705
City, State, Zip Code

(919) 684-8111
Telephone Number

Chronic Epigastric Pain
Treatment Received

k. R.C. Shah, MD
Name/Specialty

1828 Harper Road
Street Address

Beckley, WV 25801
City, State, Zip Code

(304) 253-5690
Telephone Number

Cholecystectomy and Parkinson's Treatment
Treatment Received

18. If you have submitted a claim for Social Security disability or survivor benefits within the past forty-five (45) years, please provide the following: the date of the claim, where the claim was filed, the claim number, the nature of the disability, the period of disability and the attorney, if any, who represented you or the decedent during your claim (name, address, and telephone number).

Plaintiff made a disability claim in 1988, but plaintiff's representative is uncertain of any further details.

19. If you submitted a claim for Workers' Compensation within the past forty-five (45) years, please provide the following: employer at the time of each claim, the year of each claim, each claim number, the nature of each claim, the resolution of each claim the period of disability and the attorney, if any, who represented you or the decedent during your claim (name, address, and telephone number).

N/A

20. If you have ever filed a lawsuit or made a claim, other than in the present suit, related to any physical, psychological or emotional injury, for each such lawsuit or claim please provide the following information: court, agency, or trust where claim was filed; when claim was filed; the case number; the nature of claim and relief sought; whether you gave a deposition, testified, or provided a sworn affidavit in the proceeding; what, if any, judgment/recovery you received; the period of disability; and the attorney, if any, who represented you or the decedent during your claim (name, address, and telephone number).

N/A

**FLOAT-SINK PLAINTIFF FACT SHEET
BY COUNSEL:**

**LAW OFFICE OF THOMAS F. BASILE, ESQ.
Attorneys for Plaintiff**

/s/ Thomas F. Basile

**THOMAS F. BASILE, ESQ. (WVSB #6116)
P.O. Box 4006
Charleston, WV 25364-4006
(304) 925-4490, (866) 587-2766 (fax)
E-mail: basilelaw@suddenlink.net**

IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA
IN RE: FLOAT-SINK LITIGATION Civil Action No. 11-C-5000000
(Judge John A. Hutchison)

THIS DOCUMENT APPLIES TO ALL CASES

PLAINTIFF VERIFICATION

STATE OF WV,
COUNTY OF Raleigh, to-wit:

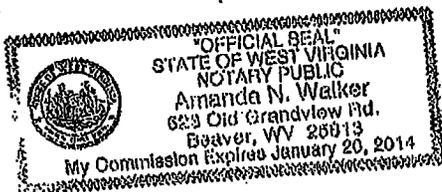
I, CATHY WRIGHT, being first duly sworn, affirm that I am the plaintiff in the above-referenced action; that I have read the foregoing "AMENDED FLOAT-SINK PLAINTIFF FACT SHEET" and am familiar with the contents thereof; and that the facts set forth therein are true and correct to the best of my knowledge, information and belief.

Cathy E. Wright
PLAINTIFF'S SIGNATURE

Taken, subscribed and sworn to before me, the undersigned notary in the aforesaid county and state this 7th day of Nov., 2011.

My Commission expires Jun 20 2014

Amanda Walker
NOTARY PUBLIC



IN THE CIRCUIT COURT OF RALEIGH COUNTY, WEST VIRGINIA

IN RE: FLOAT-SINK LITIGATION

Civil Action No.: 11-C-500000

THIS DOCUMENT APPLIES TO:

Wright, Nina vs Arkema Inc et al

Civil Action No.: 11-C-5410013

Certificate of Service

I, Thomas F. Basile, hereby certify that I served an "*Amended Float-Sink Plaintiff Fact Sheet*" with Verification, for the above-named plaintiff on all counsel of record, the Resolution Judges and Mass Litigation Manager Kimberley R. Fields, on November 11, 2011, using the "serve-only private" feature in LexisNexis File & Serve.

/s/ Thomas F. Basile

Thomas F. Basile (WVSB #6116)