<table>
<thead>
<tr>
<th>DATE</th>
<th>JOB CLASSIFICATION</th>
<th>DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/19/54</td>
<td>Laborer</td>
<td>Mill</td>
</tr>
<tr>
<td>3/29/54</td>
<td>Laborer</td>
<td>Mill</td>
</tr>
<tr>
<td>4/15/54</td>
<td>Laborer</td>
<td>Mill</td>
</tr>
<tr>
<td>5/10/54</td>
<td>2nd Miller</td>
<td>Mill</td>
</tr>
<tr>
<td>7/26/54</td>
<td>Quality Control</td>
<td>Mill</td>
</tr>
<tr>
<td>9/20/65</td>
<td>Supervisor, Property Control-Mill</td>
<td></td>
</tr>
</tbody>
</table>

7/1/87 Normal early retirement under Pension Plan DA-325 (33 yrs. 3 months service)
July 14, 1994

4-437-720
DOB: 12-31-23

W. DeTorres, M.D.
Rensselaer Avenue
Ogdensburg, NY 13669

Dear Doctor DeTorres:

Thank you for referring Mr. Richard Evans for evaluation of his mesothelioma. I had the pleasure of seeing Mr. Evans in conjunction with Dr. Ronald Richardson of the Division of Medical Oncology on July 12, 1994. Mr. Evans was recently diagnosed with right mesothelioma in June of 1994. His main complaints now are dyspnea on exertion and a weight loss of 30 pounds but stable in the last several weeks. His performance status is marginal.

On examination, Mr. Evans looked well. His weight 76.4 kg. Physical examination was notable for a right thoracotomy scar with decreased breath sounds on the right and a respiratory crack was on the left base.

Significant laboratory data revealed a chest x-ray with pleural fluid or thickening above the costophrenic angles and fibrosis in both bases. There was bilateral calcified pleural plaques. CT scan of the abdomen showed diffuse pleural thickening bilaterally associated with pleural calcifications consistent with the patient's diagnosis of mesothelioma. Since the outside CT scan of May 20, 1994, there has been some resolution of the right pleural effusion. There was also a pulmonary nodule. His hemoglobin was 12.5 g/dL, leukocyte count of 6.3 x10^9/L and platelet count of 246 x 10^9/L. Chemistry group revealed an elevated alkaline phosphatase of 297 (normal value, 98-251 U/L). Total protein was decreased at 6.1 g/dL and albumin was also decreased at 3.2 g/dL. An arterial blood gas at rush showed a PaO₂ of 74.0 mmHg that decreased 49.5 mmHg with exercise.

It is our impression that Mr. Richard Evans has mesothelioma and his main problems are dyspnea which is related to his hypoxia. We recommended that he obtain nasal oxygen while ambulatory. Because of his decrease in weight, although be it stable, we recommended that he have a trial of Megace 40 mg of q.i.d. to increase his weight and appetite. We did review with Mr. Evans and his family the role of radiation therapy and chemotherapy which might be useful in the future. At present time we did not recommend either. Mr. Evans will be returning here in approximately three months for further evaluation. In the interim, he will follow-up with you for needs of nasal oxygen.
Eric Gershman, M.D.
(4-437-720) Evans

-2- July 14, 1994

Thank you again for referring Mr. Evans. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Scott H. Okuno, M.D.

Ronald Richardson, M.D.

SO:tt
Enclosure

cc: Allen Bradshaw, M.D.
Five Lyon Place
Ogdensburg, NY 13669

Mr. Richard Evans
44 West Barney Street
Gouverneur, NY 13642
GOUVERNEUR TALC COMPANY, INC.
P.O. BOX 89
GOUVERNEUR, NEW YORK 13642-0089

June 23, 1994

G. Richard Evans
44 W. Barney Street
Gouverneur, NY 13642

Dear Dick:

Thank you for agreeing to share your medical records with the company's medical consultants. As I mentioned, we feel we have a responsibility to our employees to investigate any pulmonary condition possibly associated with work at the mine or mill.

Our company industrial hygienist, John Kelse, has asked that I provide a release form to you and be sure that you understand the following points with regard to this release.

1. This release will authorize your primary physician (Dr. Paleo) to forward a copy of your medical record and any tissue specimens related to it to the company's medical consultants.

2. Information released to our consultants shall be held in confidence by the company (access only those with a need to know).

3. Any medical opinions developed by the company's medical consultants shall be shared with you and your physician (or anyone else you designate).

The principle company medical advisor is Brian Boehlecke, M.D. Dr. Boehlecke has served as the facility's pulmonary consultant for the last ten years and is a well respected pulmonary specialist at the University of North Carolina at Chapel Hill. Based upon the records made available, a pathologist (to be approved by Dr. Boehlecke) may also be asked to review your case and any tissue specimens available. We intend to advise your physician of this records release and invite him to speak directly with our medical consultants to address any questions he might have.

Again, thank you very much for your cooperation. I and everyone at the plant wish you the best and stand ready to help in any way we can.

Very truly yours,

[Signature]
Dana Putman
Vice President & General Manager
MEDICAL RELEASE AUTHORIZATION

TO: Mayo Clinic

I hereby authorize my primary care physician, all others who have medically evaluated or attended me (to include hospital facilities) to permit examination and reproduction of all or portions of the following by the R.T. Vanderbilt Company, Inc. or its authorized representatives.

All medical records, pulmonary evaluations (to include x-rays, x-ray interpretation reports), laboratory records and reports, tissue samples and all tests of any type and character pertaining to my current pulmonary condition, treatment, diagnosis, prognosis or etiology.

A photostatted copy of this authorization shall have the same effect as the original.

The undersigned authorizes the R.T. Vanderbilt Company, Inc. to redisclose any and all records obtained pursuant to this authorization to its counsel or individuals or organizations retained as medical experts to act on its behalf.

G. Richard Evans
Social Security # 621-14-9708

WITNESSED

On the 23rd day of September, 1994, before me personally appeared G. Richard Evans, known to be the individual described in and who executed the foregoing instrument.

Witness

NOTE: This authorization shall be considered invalid after 90 days of the above date signed. If presented after that time, obtain a new authorization.
NAME: Evans, G. Richard

Account Record No. : 95045456
D.O.B. (Age/Sex) : 12/31/1923 (70 / M)
Location : ICU 51
Unit No. : 063147

Surgeon : Pala
Date Specimen Taken : 06/01/1994
Date Specimen Received : 06/01/1994
Date Specimen Reported : 06/06/1994

Complexity: 88331 88309

Clinical Diagnosis: Pulmonary CA, R lung, R pleural effusion. Empyema thorasus

Tissue Submitted:
1) Pleura
2) Pleural biopsy
3) Pleura, additional
4) Pleural peel
5) Pleural fluid-cell block

GROSS:
Received directly from the O.R. are multiple fragments of pink-white, firm tissue the largest approximately 60x30x15mm. This is flat and consistent with the thickened pleura. A representative section is embedded for Frozen Section.

FROZEN SECTION DIAGNOSIS: Mesothelioma (malignant).

Several other representative sections are embedded. (A1, A2) are also embedded of the mass.

Submitted separately and labelled "pleural biopsy" are two fragments of tan-white tissue. One is 20x10x7mm. and the other is 30x15x7mm. Representative section is embedded.

The third specimen labelled "pleura" consists of multiple fragments of thickened pleura, the largest is 90x20 by up to 8mm. in thickness. A representative section is embedded. (C)

The fourth labelled "pleural peel" consists of a mass of multiple fragments of pink-tan material ranging from 10mm. in diameter up to 40mm. in diameter. A representative section is embedded. (D)

The fifth is pleural fluid for a cell block.

Specimen Label:
1) Pleura (FS)
2) Pleura (A)
3) Pleural biopsy (B)
4) Pleura, additional (C)
5) Pleural peel (D)

No. of Cassettes: 1
Pieces Embedded:
1
2
1
1
1
MICROSCOPIC:
Sections (A-D) are similar. There is a dense relatively acellular eosinophilic tissue which borders focal areas of cells which have a cuboidal or rounded appearance. Sometimes forming inline structures, otherwise forming small irregular nodular structures. The cells have hyperchromatic nuclei. Some of the nuclei are quite enlarged and bizarre. An occasional anuploid or polyploid cell is seen. In other areas the cells have a more elongated appearance. In some foci there are areas of the tumor surrounded by a chronic inflammatory infiltrate.

DIAGNOSIS:
Right thoracic cavity, pleura, visceral and parietal: fibrous mesothelioma.

CORRECTED REPORT 6/13/94

ams
07/13/94 Pathology - Review of Outside Specimen
Scott H. Okuno, M.D.

Specimen:
RIGHT PLEURA - 7 SLIDES (S94-1359)
1 BLOCK (S94-1359), REC'D 7-18-94
Right pleura, biopsy specimens (S94-1359): Consistent with mesothelioma, sarcomatoid type.

Seen with Dr. H. D. Tazelaar.
Immunoperoxidase stains were performed on paraffin material from the pleural biopsy. The neoplastic cells strongly expressed cytokeratin (AE1/AE3) and failed to express CD15 (Leu-M1) and carcinoembryonic antigen. In addition, no intracytoplasmic mucin was demonstrable on DPAS. These results are consistent with the diagnosis of malignant mesothelioma.

Paul J. Kurtin, M.D.
September 30, 1994

Manuel C. Paleo, M.D.
215 Rensselaer Avenue, Suite 303
Ogdensburg, NY 13669

Re: Mr. George Evans

Dear Dr. Paleo:

As his former employer we have contacted Mr. Evans and received his permission to access his medical records. A copy of the records release is attached. For many years the Gouverneur Talc Company has maintained an active medical surveillance program. Over the last ten years we have coordinated this program through a pulmonary specialist at The University of North Carolina at Chapel Hill.

The company is aware that overexposure to its talc dust - indeed any mineral dust - can result in adverse pulmonary effects. We are therefore concerned about reports we have received about Mr. Evans' pulmonary condition, wish to be informed on this condition and to assist in any way we can. On behalf of all our talc miners and millers we feel we have a commitment to do so.

It is our hope to obtain a copy of Mr. Evans' medical record along with available tissue samples for review by Brian Boehlecke, M.D. (our pulmonary medical advisor) and a pathologist familiar with histology possibly associated with this case. Whatever is learned from this review will certainly be shared with you, Mr. Evans or any additional parties Mr. Evans might later designate.

If you could provide a copy of Mr. Evans' medical record pertaining to his pulmonary status and any related tissue samples available, we would be most grateful. Please forward this material to my attention. Please feel free to contact Dr. Boehlecke at 919-966-2532 or me at 203-853-1400 if we can clarify this request or help in any other way.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety
MEDICAL RELEASE AUTHORIZATION

TO: Manuel C. Salto, M.D.

I hereby authorize my primary care physician, all others who have medically evaluated or attended me (to include hospital facilities) to permit examination and reproduction of all or portions of the following by the R.T. Vanderbilt Company, Inc. or its authorized representatives.

All medical records, pulmonary evaluations (to include x-rays, x-ray interpretation reports), laboratory records and reports, tissue samples and all tests of any type and character pertaining to my current pulmonary condition, treatment, diagnosis, prognosis or etiology.

A photostatted copy of this authorization shall have the same effect as the original.

The undersigned authorizes the R.T. Vanderbilt Company, Inc. to redisclose any and all records obtained pursuant to this authorization to its counsel or individuals or organizations retained as medical experts to act on its behalf.

G. Richard Evans
Social Security # 621-14-9708

WITNESSED

On the 23rd day of September, 1994, before me personally appeared G. Richard Evans, known to be the individual described in and who executed the foregoing instrument.

Witness

NOTE: This authorization shall be considered invalid after 90 days of the above date signed. If presented after that time, obtain a new authorization.
Scott H. Okuno, M.D.
Randolph S. Marks, M.D.
Mayo Clinic
200 First Street, SW
Rochester, MN  55905

Re: Request for Medical Records for Mr. George Evans - SS# 121-14-9708

Dear Drs. Okuno and Marks:

Thank you for your letter dated October 11, 1994 with regard to Mr. George Evans (copy attached).

We have contacted Mr. Evans who now agrees to release the requested records. Please feel free to confirm this with Mr. Evans (315-287-1525).

If you have any questions, please contact me any time.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety

JWK/sk
attachment
cc:  Mr. George Evans
     Brian Boehlecke, M.D.
     Mr. Dana Putman
April 3, 1995

Scott H. Okuno, M.D.
Randolph S. Marks, M.D.
Mayo Clinic
200 First Street, SW
Rochester, MN 55905

Re: Mr. George Evans - SS# 121-14-9708

Dear Drs. Okuno and Marks:

Attached please find our original correspondence to you and a medical release authorization concerning Mr. Evans. In response to this request you did forward assorted medical summaries and reports we are most grateful to have received. Unfortunately we have not yet received some detailed laboratory reports and all radiographs and tissue specimens referenced in some of these documents.

As a follow-up to our original request, we are again requesting these materials. If you do not have such records and specimens, we would appreciate any advice you might provide as to where such material might be found. Clearly, it is not possible for our medical consultants to properly complete their review without access to such key diagnostic records and specimens.

In addition to Dr. Boehlecke (mentioned in our earlier correspondence), we have retained another pulmonary specialist, Dr. Keith Morgan. We would like the detailed laboratory reports, pertinent chest radiographs and tissue specimens associated with Mr. Evans's pulmonary condition sent to Dr. Morgan (see address and phone below)

We would be happy to formally assure the security and return of these records and specimens to you after our review. If you have reservations in this regard, please contact me or Dr. Morgan directly. We would like to complete our review of this case as soon as possible and appreciate your cooperation on this matter.

Very truly yours,

R. T. VANDERBILT COMPANY, INC.

John W. Kelse

Please forward additional records and specimens to:

W.K.C. Morgan, M.D.
FRCP (Ed.), FRCP (c), FACP
University Hospital, Chest Diseases Unit
338 Windermere Road
London, Ontario N6A 5A5 Canada
Phone: 519-663-3806 Fax: 519-663-3232

The recommendations for use of our materials are based upon tests believed to be reliable. However we do not guarantee the results to be obtained
July 26, 1995

Mr. John W. Kelse
Corporate Industrial Hygienist
Manager, Occupational Health & Safety
R. T. Vanderbilt Company, Inc.
30 Winfield Street
P.O. Box 5150
Norwalk CT 06856-5150

Dear Mr. Kelse:

I am writing to you in regard to your request for information regarding Mr. George Richard Evans. We have been instructed by Mr. Evans and his lawyer, Victor J. Ciabotti, that no information should be disseminated until further notice. If you have any specific questions regarding Mr. Evans' request, please contact Mr. Ciabotti at Setright, Ciabotti & Longstreet, 313 Montgomery Street, Syracuse, NY 13202. If you have any further questions, please do not hesitate to contact us.

Sincerely,

Scott H. Okuno, M.D.

Randolph S. Marks, M.D.