

DUE SEPTEMBER 30, 2006

- Mark this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a statement providing details.
- Mark this box if you have never received any notices in this case.
- Mark this box if your claim replaces a previously filed claim. Date of previously filed claim: _____
- Mark this box if your claim amends a previously filed claim. Date of previously filed claim: _____

ASBESTOS-RELATED PROOF OF CLAIM

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
CORPUS CHRISTI DIVISION

| | | |
|----------------------------|---|------------------------|
| In re: | § | Chapter 11 |
| | § | Case No. 05-21207 |
| ASARCO LLC, et al., | § | |
| | § | |
| | § | (Jointly Administered) |

Carefully read the Instructions included with this Proof of Claim before completing. In order to be paid or to have your claim estimated for voting purposes, complete ALL applicable questions and attach ALL required documents and supporting information to the Proof of Claim, and mail the Proof of Claim to one of the following addresses:

If sent by U.S. Mail:
ASARCO LLC, et al.
c/o The Trumbull Group, L.L.C.
P.O. Box 721
Windsor, CT 06095-0721

If sent by Overnight Carrier:
ASARCO LLC, et al.
c/o The Trumbull Group, L.L.C.
4 Griffin Rd. North, First Floor
Windsor, CT 06095-1511

IN ORDER TO BE VALID, THE PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR THE CLAIMANT'S AUTHORIZED AGENT OR THE CLAIMANT'S ATTORNEY

Please type or print clearly and use blue or black ink.

PART 1: IDENTIFYING INFORMATION

A. NAME OF THE DEBTOR AGAINST WHOM THE CLAIM IS ASSERTED:

B. CASE NUMBER:

IF YOU ARE ASSERTING A CLAIM AGAINST MORE THAN ONE OF THE DEBTORS, A SEPARATE PROOF OF CLAIM FORM MUST BE SUBMITTED FOR EACH DEBTOR. PAGE 1 OF THE ATTACHED INSTRUCTIONS CONTAINS A LIST OF ALL OF THE DEBTORS AND THEIR RESPECTIVE CASE NUMBERS.

The following Debtors are known to be subject to asbestos-related lawsuits:

| | |
|--|-------------------|
| Lac d'Amiante du Québec Ltée (f/k/a Lake Asbestos of Quebec, Ltd.) | Case No. 05-20521 |
| Lake Asbestos of Quebec, Ltd | Case No. 05-20524 |
| LAQ Canada, Ltd. | Case No. 05-20525 |
| CAPCO Pipe Company, Inc. (f/k/a Cement Asbestos Products Company) | Case No. 05-20522 |
| Cement Asbestos Products Company | Case No. 05-20523 |
| ASARCO LLC (f/k/a ASARCO Incorporated or ASARCO Inc.) | Case No. 05-21207 |
| ASARCO Master Inc.(successor to Federated Metals) | Case No. 05-21883 |

C. Injured Party

First Name MI Last Name Jr/Sr/III

The injured party is: Living Deceased

If injured party is deceased (or incapacitated), name of trust, estate, personal representative or other party submitting claim (not the filing attorney listed in 1.D below).

Street Address (of injured party, if living; if not, provide the address of the trust, estate, personal representative or other party submitting claim)

City State/Prov. Zip Code (Postal Code)

Country (if other than U.S.A.) **Last 4 digits** of Social Security Number of Injured Party

Injured Party's Birth Date: Injured Party's Gender: Male Female
Month/Day/Year

Is the Injured Party a current or former employee of a Debtor: Yes No

If YES, name of Debtor: _____

D. Injured Party's Attorney (If any):

Law Firm Name

Attorney First Name MI Last Name

Street Address

City State/Prov. Zip Code

PART 2: CLAIM OVERVIEW

A. Total Amount of Claim Asserted Against Debtor : \$ _____

B. If your claim has been asserted in a pending lawsuit, answer the following regarding your lawsuit:

Date Filed: _____ State: _____

C. Do you have an unpaid judgment or settlement agreement for your claim? Yes No

If YES, complete the following: 1. Judgment Settlement Agreement

2. Amount of Settlement/Judgment, \$ _____

3. Indicate the Debtor(s) and/or other Parties obligated to pay Judgment or Settlement Agreement (attach additional pages as necessary): _____

If your claim is based on a judgment or a settlement agreement, SKIP to Part 7 of this Proof of Claim.

PART 3: MEDICAL INFORMATION

A. Non-Malignant Pleural Condition(s)

1. Has the injured party been diagnosed with any pleural condition that you claim was caused by contact to asbestos?
 Yes No
 If "Yes," please continue below. If "No," go on to Section B below.
2. What pleural condition? Pleural Plaques Pleural Thickening
 Other Pleural injury, specify:
3. Year of first diagnosis:

B. Asbestosis

1. Has the injured party been diagnosed with asbestosis?
 Yes No If "Yes," year of first diagnosis:

C. Cancer (including malignant mesothelioma)

1. Has the injured party been diagnosed with any cancer that you claim was caused by contact to asbestos?
 Yes No
 If "Yes," please continue below. If "No," go on to Section D.
2. Which of the following cancers is claimed to have been caused by asbestos contact?

| | <u>Year of First Diagnosis</u> | |
|---|--------------------------------|--|
| <input type="radio"/> LUNG CANCER | <input type="text"/> | |
| <input type="radio"/> MESOTHELIOMA | <input type="text"/> | |
| <input type="radio"/> ESOPHAGEAL | <input type="text"/> | |
| <input type="radio"/> LARYNGEAL | <input type="text"/> | |
| <input type="radio"/> PHARYNGEAL | <input type="text"/> | |
| <input type="radio"/> COLORECTAL | <input type="text"/> | |
| <input type="radio"/> STOMACH | <input type="text"/> | |
| <input type="radio"/> OTHER (Please describe) | <input type="text"/> | Year of First Diagnosis <input type="text"/> |

D. Diagnostic Information

1. Provide the injured party's most recent lung function test scores.
- | | <u>Date</u> | <u>Score</u> | | <u>% of Predicted</u> |
|---|------------------------------------|------------------------|--|------------------------|
| <input type="radio"/> Total Lung Capacity (TLC) | <input type="text"/> Month/Year | <input type="text"/> L | | <input type="text"/> % |
| <input type="radio"/> Forced Vital Capacity (FVC) | <input type="text"/> Month/Year | <input type="text"/> L | | <input type="text"/> % |
| <input type="radio"/> FEV ₁ | <input type="text"/> Month/Year | <input type="text"/> L | | <input type="text"/> % |
| <input type="radio"/> FEV ₁ / FVC Ratio (Actual) | <input type="text"/> % | | | |
| <input type="radio"/> Lung Function tests are unavailable | | | | |
2. ILO Rating: If you answered "Yes" to Part 3.A1 (Pleural Condition) or Part 3.B1 (Asbestosis), provide the injured party's most recent ILO x-ray reading. Results: /
 Month/Year
Failure to provide ILO results will be interpreted to mean that the injured party has not received an ILO rating.

PART 4: PRODUCT CLAIM INFORMATION

A. DIRECT ASBESTOS CONTACT

1. Was the injured party exposed to asbestos or asbestos-containing products manufactured or sold by the Debtor identified in Part 1 of this Proof of Claim?

Yes

No

If "Yes" and the Debtor identified in Part 1 of this Proof of Claim is ASARCO LLC, complete the following for all products containing asbestos that you claim were manufactured or sold by ASARCO (attach additional pages as necessary):

2. Name(s) of products: _____

3. Are there any tests that identify ASARCO as the manufacturer or seller of the product? Yes No

4. Are there any other documents that identify ASARCO as the manufacturer or seller of the product? Yes No

B. HISTORY OF DIRECT ASBESTOS CONTACT

For each time period in which you claim contact to asbestos manufactured or sold by the Debtor identified in Part 1, complete the work-place information below (attach additional sheets if necessary):

1. Month and Year Contact Began: _____

Month and Year Contact Ended: _____

Occupation: _____

Employer: _____

Location of Employment: _____

2. Month and Year Contact Began: _____

Month and Year Contact Ended: _____

Occupation: _____

Employer: _____

Location of Employment: _____

3. Month and Year Contact Began: _____

Month and Year Contact Ended: _____

Occupation: _____

Employer: _____

Location of Employment: _____

PART 5: PREMISES CLAIM INFORMATION

A. Was the injured party exposed to asbestos at a facility or plant owned or operated (either now or in the past) by the Debtor identified in Part 1 of this Proof of Claim?

Yes No

If yes, complete the following (attach additional sheets if necessary):

- 1. Name of Facility or Plant: _____
- 2. Location of Facility or Plant: _____
- 3. Dates of Contact (provide month and year of first and last contact): _____
- 4. Occupation: _____
- 5. Employer: _____

PART 6: REMAINING CLAIM INFORMATION

A. Does the injured party assert an Asbestos-Related Claim against the Debtor identified in Part 1 of this Proof of Claim that has not been identified in either Part 4 or Part 5 of this Proof of Claim?

Yes No

If yes, describe the basis of your claim (attach additional sheets if necessary): _____

PART 7: FINAL STEPS

A. ATTACHMENT OF RELEVANT DOCUMENTS:

***YOU MUST ATTACH ALL DOCUMENTS IN YOUR POSSESSION SUPPORTING THE FOREGOING ASSERTIONS, OR A SUMMARY OF THOSE DOCUMENTS IF THEY ARE VOLUMINOUS. IF DOCUMENTS ARE NOT AVAILABLE, YOU MUST ATTACH AN EXPLANATION OF WHY THEY ARE NOT AVAILABLE.**

B. SIGNATURE

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the information provided in this Proof of Claim is true and complete and I have full authority under applicable law to sign this Proof of Claim.

| | | | | | | |
|--|----------------------------------|---|---|---|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <i>Signature of Claimant, Claimant's Attorney, or Authorized Agent</i> | <i>Printed Name of Signatory</i> | <i>Month</i> | | <i>Day</i> | | <i>Year</i> |

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years or both. (18 U.S.C. §§ 152 and 3571)

Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed return envelope and an extra copy of this proof of claim.