EXHIBIT

8

R.R.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

PROOF OF DEATH

(By Physician Last in Attendance on Deceased)

This report must be signed by the physician last in attendance on the deceased in workers' compensation, volunteer firefighters' or volunteer ambulance workers' benefit cases. In hospital cases it may be signed by a licensed physician who is a member of the attending staff of the hospital to whom treatment of the case was assigned. File the signed original of this report directly with (1) CHAIR, WORKERS' COMPENSATION BOARD at the office of the district in which the accident occurred and file a signed copy with (2) the INSURANCE CARRIER, if known, or the EMPLOYER.

ANSWER ALL QUESTIONS FULLY— TYPEWRITER PREPERATION IS STRONGLY RECOMMENDED

1. WCB Case Number (If Known)	2. Carrier Case Number (If Known)	3. Date of Accident or Injury and Time	4. Address Where Accident or Injury Occurred
60108425			

	NAME		ADDRESS	
5. DECEASED PERSON	[redacted]	Age 86	[redacted]	Sec. Sec. Number [redacted]
6. EMPLOYER*	Gouverneur Talc		Gouverneur, NY	
7. INSURANCE CARRIER	Zurich American		PO Box 4893, Syracuse, NY 13221-4893	
8. HOSPITAL (If any)				
9. NEAREST RELATIVE	[redacted]	Relationship wife	[redacted]	

VF/VAW

* If claim is made that death resulted from injury sustained in the performance of assigned duty as a Volunteer Firefighter or Volunteer Ambulance Worker show as EMPLOYER the city, town, village or district or ambulance company against which claim is made and enter "X" here:

10. (a) Date of death 05/17/01 (b) Place of death. (Give street number, city, state): [redacted]

11. Decedent's marital status at time of death (Single, married, widowed, divorced): Married

12. (a) How long have you been medical adviser of deceased? _____ (b) Date of your first visit: _____

(c) Date of last visit: _____ (d) Was deceased attended by any other physician during last illness? _____ If so, give name and address of other physician: _____

13. State in patient's own words how the accident or injury occurred: Decedent worked at Gouverneur Talc for approximately 20 years until his retirement in October of 1976 and was exposed to talc and asbestos

14. Give complete and accurate description of nature and extent of injury, as you found it and subsequent examinations: Inhaled Talc + asbestos resulted in the development of malignant mesothelioma, which was extensive at time of autopsy

15. State the direct cause of death: malignant mesothelioma

(a) In your opinion was the accident or injury as above described a cause either directly or indirectly of the death? _____

SEE REVERSE SIDE

Gr 64 ...

SAMARITAN
Medical Center

NAME: [redacted] M.R.#: M0360395 SMC01-05
DOB: 05/28/14 AGE: 86 SEX: Male RACE: Caucasian S.S.#: [redacted]
DATE/TIME OF DEATH: 05/17/01 7:05 AM DATE/TIME OF AUTOPSY: 05/17/01 4:00 PM
PROSECTOR: Shahandeh Haghir, MD ATTENDING PHYSICIAN: Frank Rhode, MD

FINAL ANATOMICAL DIAGNOSIS

Asbestosis.
Malignant mesothelioma
Pneumoconiosis (mixed dust deposition)
Atherosclerotic and ischemic heart disease S/P bypass craft

RECEIVED
JUL 23 2001

Shahandeh Haghir, MD
Pathologist

Autopsy report completed: 5/30/01 (SN:vlj)

850 Washington Street Watertown, New York 13601, Tel. 315. 785. 4000

PQ Exhibit A