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PLAINTIFF'S EXHIBIT 05353.00

STATE OF NEW JERSEY

DEPARTMENT OF LABOR AND INDUSTRY

DIVISION OF WORKMEN'S COMPENSATION

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

C.P. No. [illegible]

Demeter Stanislaw, Petitioner,

vs.

Rubberoid Company, Respondent.

(Name of Insurance Company)

Chase & Chase

(Attorney for Petitioner)

220 So. Main St. Manville NJ

(Address)

TO THE DIVISION OF WORKMEN'S COMPENSATION:

Petitioner, alleging that he sustained an injury by an accident arising out of and in the course of his employment with the respondent, compensable under R. S. 34:15-7, et seq., supplements and amendments, respectfully states:

1. Name Demeter Stanislaw Soc. Security No. 189 10 7299

2. Residence Address [illegible] Avenue, Manville, Somerset, NJ
(Street Address) (County) (City or Town)

3. Sex [illegible] 4. Age [illegible] 5. Marital Status [illegible] 6. Occupation [illegible]
(at time of accident)

7. Name of employer Rubberoid Company

(a) Address South Bound Brook, NJ

(b) Business Mfg. of asbestos shingles and roofing

8. Did employer have notice or knowledge of injury? yes On what date? June 15, 1966

9. Place of accidental injury Rubberoid Plant Date [illegible]

10. Describe the accident Inhaled since 1947 asbestos dust and [illegible] injury [illegible] result;

11. Date petitioner stopped work [illegible] Date returned to work did not return

12. Describe extent and character of injury. If there has been amputation or loss of usefulness of any member or impairment of any physical function, explain fully injury to [illegible]

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13. Wages or earnings [illegible] Compensation paid: Rate [illegible]

Temporary disability [illegible] Permanent disability .40.

14. Was medical aid required? Yes Was employer requested to furnish same? yes

Was it furnished? no If so, between what dates?

If not, what sum was expended? none

15. Give names and addresses of physicians and hospital Dr. Schallet; Dr. [illegible]; Dr. [illegible]; [illegible] Hospital; Glen Garden State Hospital;

16. What other facts are there which you believe important?

Your petitioner therefore prays that the Division of Workmen's Compensation will determine the amount of compensation due your petitioner from said respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that your petitioner may be awarded his costs in this proceeding, and such other or further relief as may be proper.

Demeter Stanislaw
(Petitioner)

State of New Jersey
County of _____ } ss.

Demeter Stanislaw, of full age, being duly sworn according to law, on his oath deposes and says: That he is the petitioner named in the foregoing petition; that he has read the same and is familiar with the contents thereof; and that the matters and things therein set forth are true according to the best of his knowledge and belief.

Demeter Stanislaw
(Petitioner)

Subscribed and sworn to before me, this Fourteenth day of April, 19 67, at. Manville, NJ

Catherine M. Gregor
Notary Public of N.J.
My comm. exp. 5-31-70

(This affidavit may be sworn to before any person authorized to administer an oath)

NOTICE TO THE RESPONDENT:

The foregoing claim petition has been presented by the petitioner to the Division of Workmen's Compensation for hearing and determination. Unless an answer in duplicate is filed with the Secretary of the Division, Labor and Industry Building, Box W, Trenton, N. J. 08625, within 20 days, the petitioner will proceed with proof of claim according to law.

DIVISION OF WORKMEN'S COMPENSATION