AFFIDAVIT OF

Under oath, I swear to the following as true.

This sworn affidavit has been prepared in connection with an agreement by myself and **Travelers Insurance Co.** in its capacity as workers' compensation insurance carrier for **Sherwin-Williams Co.**, to a final lump sum settlement of any and all claims, including any and all claims under the Workers' Compensation Act that I may have against **Travelers Insurance Co.** or **Sherwin-Williams Co.** based on an injury sustained by myself on or about **January 29, 1990** arising out of and in the course of my employment with **Sherwin-Williams Co.**, as well as any other injuries, known or unknown, which I may have sustained at **Sherwin-Williams Co.**.

Concerning my final lump sum settlement, I have not been promised anything other than what is expressly set forth in the Commutation of Benefits form WCB-10 submitted to the Workers' Compensation Board for approval.

Further, I am aware of the right granted to me by the Workers' Compensation Act concerning my ability to return to work with **Sherwin-Williams Co.** and am aware that I have waived all such rights as part of this lump sum settlement.

Moreover, I recognize that by agreeing to this final lump sum settlement, I am settling any and all claims that I have under the Workers' Compensation Act, including claims for weekly compensation benefits, permanent impairment benefits, reimbursement for any and all medical expenses, and reimbursement for rehabilitation expenses. I recognize that any future medical

expenses and rehabilitation expenses related to the above-mentioned injury will be my responsibility, and in no way the responsibility of **Travelers Insurance Co.** or **Sherwin-Williams Co.**

Further, I acknowledge that I am represented by a competent attorney, licensed to practice in the State of Maine, with whom I have discussed this final lump sum settlement and its consequences, and who has advised me concerning the same. Finally, I believe that this lump sum settlement is in my own best interests.

I have read this sworn affidavit in full, and do represent that it is my own, and is true in its entirety.

DATED: October 6, 1994

STATE OF MAINE
_____, ss. October 6, 1994

Personally appeared before me the above-named and made oath that the foregoing statements by him are true and correct to the best of his knowledge, information and belief.

~~Notary Public~~/Attorney at Law