PLAINTIFF'S
EXHIBIT
GF-2177

State of New Jersey
Department of Labor
DIVISION OF WORKERS' COMPENSATION

ORDER
☒ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE

C.P. NO.'S 85-30176

District Office: CAMDEN

PETITIONER
SOCIAL SECURITY NUMBER: 145-03-7320
NAME: Louis SARLO, JR. AGE: 70
ADDRESS (Including County): 26 Colonial Drive, Clarksboro, N.J. 08020 Gloucester

ATTORNEY FOR PETITIONER
FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: 22-1630-122
NAME: Goldberger & Finn
ADDRESS: 81 Northfield Ave. West Orange, N.J.
APPEARING: JERRY M. FINN

VS

RESPONDENT
NAME: GAF
ADDRESS (Including County): Charles & Water Sts. Gloucester, N.J. Gloucester

ATTORNEY FOR RESPONDENT
NAME: Capehart & Scatchard
ADDRESS (Including County): Moorestown, N.J. CAMDEN
APPEARING: Thomas Mannion

INSURANCE CARRIER
NAME (Indicate If Not Covered or If Self-Insured): Self

DATE OF ACCIDENT: 47 years
OR
OCCUPATIONAL EXPOSURE: To Dec 31, 81
DESCRIBE (Briefly): Manufacturing 1-1-33 for rate purposes
Pet exposed to loud noise & pulmonary irritants including asbestos

Weekly Wages $115.85 Rate(s) 236 163

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE: _____ PERMANENT: $ _____ TEMP: $ _____

This matter having come on before the Court on this 21st day of Nov, 1986:

☒ **ORDER FOR JUDGMENT:**
It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent; it is Ordered and Adjudged that petitioner be awarded compensation benefits, payable as indicated on Page 2.

☐ **ORDER APPROVING SETTLEMENT:**
The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; it is Ordered that this settlement be approved and the petitioner be paid as indicated on Page 2.

☐ **ORDER FOR DISMISSAL**
This matter having come on for hearing upon the respondent's motion for Dismissal which was made and duly served and there being good cause shown, the claim petition herein is hereby dismissed for
☐ 1. Lack of Prosecution
☐ 2.

☐ **ORDER FOR DISCONTINUANCE**
This matter having come on before the court and the court having received evidence that this matter should be discontinued and for good cause shown. It is ORDERED AND ADJUDGED that this matter be discontinued for the following reasons:

☐ It is FURTHER ORDERED that the payment indicated on Page 2 be made a part of the Order for Discontinuance for petitioner's disability. (Percentages and members involved.)

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF A COPY. (Sign if applicable)

_____ (PETITIONER'S ATTORNEY)

_____ PETITIONER (Where Applicable)

_____ (RESPONDENT'S ATTORNEY)

STENO FEE _____ BY _____

William D. Hill 11/21/86
(HEARING OFFICIAL SIGNATURE) (DATE)

WILLIAM D. HILL
(NAME OF HEARING OFFICIAL) (PRINT OR TYPE)

☒ Judge of Compensation ☐ Referee

WC-100 (R-4-82)

GAF 15103

State of New Jersey
Department of Labor
DIVISION OF WORKERS' COMPENSATION

(CONTINUATION)
ORDER PAGE 3
☒ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE

P. NO.'S 83-30176

D. O. CAMDEN

Permanent Disability (Describe Percentages, Nature and extent of Disability, and Members Involved)

37½% partial permanent pulmonary in nature residuals of chronic bronchitis with pulmonary fibrosis and asbestosis.

DISABILITY AWARDED

TEMPORARY: NONE Weeks at $ _____ = $ _____ less $ _____ paid = Balance due $ NONE

PERMANENT: 225 Weeks at $ 126 = $ 28,350 less $ NONE paid = Balance due $ 28,350

Medical Bills (Doctors and/or Institutions)

None furnished or requested. Respondent reserves its lien rights in event of a third party recovery under N.J.S.A. 34:15-46.

Resp. will reimburse pet. $152.50 for bills paid in connection with evaluation exam by Dr. Finkenstadt upon presentation of proof of payment. Resp. to provide pet. with annual examination by Dr. Egoville with respect to his asbestosis.

MEDICAL FEE ALLOWED (Expert and/or Testimonial)	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Sidney Friedman, M.D.	$75	$25	$50
pet paid $25			
900 Stuyvesant Ave			
Union, N.J. 07083			

ATTORNEY(S) FEE	TOTAL	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Goldberger + Finn	$5670	$2270	$3400

STENOGRAPHIC SERVICE	TOTAL	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
	$45	—	$45

William D. Hall 11/4/86
(HEARING OFFICIAL) (DATE)

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE A COPY:

☒ Judge of Compensation ☐ Referee

J. M. Finn
(PETITIONER'S ATTORNEY)

(RESPONDENT'S ATTORNEY)

PETITIONER (Where Applicable)

WC-100 1 (9-1-82) RESPONDENT'S COPY

GAF 15104