

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF ILLINOIS
McLEAN COUNTY

ESTOL L. REED and VIRGINIA REED,

Plaintiffs,

vs.

EMPIRE ACE INSULATION MFG. CORP.,
et al.,

Defendants.

LAW NO: 83 L 68

ANSWERS TO SUPPLEMENTAL INTERROGATORIES

NOW COMES the defendant, OWENS-ILLINOIS, INC., by HEYL, ROYSTER, VOELKER & ALLEN, its attorneys, and for answer to the supplemental interrogatories previously propounded to it by the plaintiffs, ESTOL L. REED and VIRGINIA REED, states as follows:

INTERROGATORY NO. 6. Were any photos taken of Estol Reed? If so, state the total number of photos, the date of each photo, and who has each.

ANSWER. This defendant has no photographs of Estol Reed.

INTERROGATORY NO. 7. Were you named or covered under any policy of liability insurance, effective on the date of the occurrence, which may be construed to provide coverage for any claim stated in the complaint? If so, as to each policy state:

- (a) The name of the company.
- (b) The policy number.
- (c) The effective period.
- (d) The maximum liability limits for:
 1. injury to any one person;
 2. aggregate personal injury limits.
- (e) What amounts, if any, have previously been paid under the policy which in the opinion of the carrier reduces the coverage available?

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- (g) Whether the policy contains any first party medical pay or disability coverage, and, if so, describe the coverage.

ANSWER. (a) through (e) and (g): Defendant is not aware of any policy of liability insurance which may be construed to provide coverage for any claim stated in the complaint and which was in effect during the time it was involved in the manufacture or sale of asbestos-containing products.

INTERROGATORY NO. 32. List the following information for each claim, not identified in your answer to the preceding interrogatory, brought against defendant by a present or former employee of defendant or the spouse or child of a deceased employee alleging a disease or condition of ill-being caused by asbestos:

- (a) The name and address of the person alleged to be diseased or in a condition of ill-being.
- (b) When the alleged disease or condition of ill-being began.
- (c) The circumstances under which the employee is alleged to have come into contact with asbestos.
- (d) Whether the person is represented by an attorney, and if so, the name and address of his attorney.
- (e) The agency where the claim was filed, the docket number of the claim and the date the claim was filed.

ANSWER. This defendant has received no worker's compensation claims at any time from any present or former employees of its Kaylo Division.

PROOF OF SERVICE

The undersigned certifies that a copy of the foregoing instrument was served upon the attorneys of record of all parties to the above cause by enclosing the same in an envelope addressed to such attorneys at their business addresses as disclosed by the pleadings of record herein, with postage fully prepaid, and by depositing said envelope in a U.S. Post Office Box in Peoria, Illinois on the 7/25/84 day of July 1984.

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& ALLEN
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AFFIDAVIT

STATE OF OHIO)
)SS:
COUNTY OF LUCAS)

PHILIP M. RICE, being duly sworn according to law,
deposes and says that he is an Assistant Secretary of
Owens-Illinois, Inc., a defendant herein; that as such he is
authorized to make an Affidavit on its behalf; and that the facts
set forth in the foregoing DEFENDANT, OWENS-ILLINOIS, INC.'S
ANSWERS TO SUPPLEMENTAL INTERROGATORIES, are true and correct to
the best of his knowledge, information and belief.



PHILIP M. RICE

SWORN TO and subscribed
before me this 17 day
of April, 1986.



Notary Public

My Commission Expires:

DORIS M. STEINER
Notary Public, State of Ohio
My Commission Expires Aug. 8, 1989

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RHS/pmk
Reed, Estol

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