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March 8, 2011

**VIA HAND DELIVERY**

The Honorable Thomas A. Bedell  
Circuit Judge of Harrison County  
301 West Main Street, Room 321  
Clarksburg, West Virginia 26301

Re: Perrine, et al. v. DuPont, et al.;  
Civil Action No. 04-C-296-2 (Circuit Court of Harrison County, West Virginia) - Proposed Medical Monitoring Class Member Verification Protocols, and Transmittal Letter for Compensation for Registration payment to a Child or Legally Incompetent Person; Our File No. 4609-1 {DD} and 4609-1 {GG}

Dear Judge Bedell:

I hope this letter finds the Court well.

In accordance with the prior Orders of this Court, your Claims Administrator, after consulting with the Finance Committee, recommends that the following documents be used during the administration of the Medical Monitoring and Property remediation portions of the Settlement:

- (a) Medical Monitoring Class Member Verification Protocols
- (b) Transmittal Letter to accompany Medical Monitoring registration payments to the parents or legal guardians of minors or incompetents

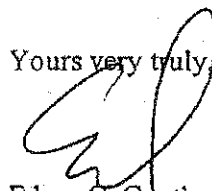
I have also prepared a Final Agreed Order which approves the use of these documents in the administration of the Settlement. If the proposed documents and Final Agreed Order meet with your approval, I request that the Court enter the Final Agreed Order. Should any aspect of the documents or Final Agreed Order be inappropriate, please let me know how to accommodate the desires of the Court.

4609-1 Plus  
4609-1-GG  
+ w/obli.

March 8, 2011

Thank you for your consideration.

Yours very truly,



Edgar C. Gentle, III

ECGIII/maj  
Enclosures

cc: (with enclosures) (by e-mail)

Stephanie D. Thacker, Esq.,  
DuPont Representative on the Settlement Finance Committee

Virginia Buchanan, Esq.,  
Plaintiff Class Representative on the Finance Committee

Meredith McCarthy, Esq.,  
Guardian Ad Litem for Children

cc: (with enclosures) (by hand delivery)  
Clerk of Court of Harrison County,  
West Virginia, for filing

IN THE CIRCUIT COURT OF HARRISON COUNTY, WEST VIRGINIA - 3 APR 11 04

LENORA PERRINE, et al.,

Plaintiffs,

v.

Case No. 04-C-296-2  
Judge Thomas A. Bedell

E. I. DUPONT DE NEMOURS &  
COMPANY, et al.,

Defendants.

**FINAL ORDER APPROVING MEDICAL MONITORING VERIFICATION  
PROTOCOLS, AND MINOR OR INCOMPETENT CHECK TRANSMITTAL LETTER**

Presently pending before the Court are the following documents that are proposed for use during the administration of the Perrine DuPont Settlement ("Settlement") by the Claims Administrator:

- (a) Verification Protocols for all applicants to the Medical Monitoring class (Exhibit A).
- (b) A Transmittal Letter to accompany all medical monitoring registration payments to the parents or legal guardians of minors or incompetents (Exhibit B).

After a careful review of the above documents, and in consideration of the applicable law, the Court **ORDERS** that the same are hereby **APPROVED** and shall be used during the administration of the Settlement.

The Court has reviewed the Verification Protocols by which the eligibility of each registrant for the Medical Monitoring Class will be determined. The Court finds that the Verification Protocols will accurately and efficiently accomplish the necessary screening to determine which registrants are eligible for the Medical Monitoring Class. Accordingly, the Court hereby **ORDERS** that the Verification Protocols shall be utilized during the administration

of the Settlement.

Finally, the Court has considered the matter of Medical Monitoring Class verification payments being issued to minor and legally incompetent claimants. The Court has previously Ordered that each verified registrant for the Medical Monitoring Class will receive a two hundred dollar (\$200) payment, regardless of their participation in the monitoring program, once they are verified as members of the Class. The normal procedure to provide a Court-approved settlement payment to a minor or legally incompetent adult is to create a custodial account with a financial institution to receive the payment and hold it until the minor reaches the age of majority or to release the payment upon Order of the Court for the health, maintenance, education, or support of the minor or incompetent.

In this case, the creation and administration of numerous custodial accounts to receive the small payment for registration would be cost prohibitive. Further, requiring oversight of the Court for each individual two hundred dollar (\$200) account would be cumbersome and inefficient. Accordingly, the Claims Administrator has prepared a Transmittal Letter to accompany each registration payment to a parent or guardian of a minor or legally incompetent class member, which, along with the Order of this Court, will bind each parent or guardian only to spend the payment on the support, maintenance, or education of the minor or legally incompetent adult.

Accordingly, the Court has reviewed the Transmittal Letter, and hereby **ORDERS** that the Claims Administrator shall issue each registration payment to a parent or guardian of a minor or legal incompetent with the Transmittal Letter.

Further, the Court **ORDERS** that each parent or guardian who receives a registration payment for a minor or legally incompetent adult shall only spend such monies for the support,



P. O. Box 257  
Spelter, WV 26438  
*Claims Administrator*

W. Va. Bar No. 11044  
P.O. Box 257  
Spelter, WV 26438

ENTER: \_\_\_\_\_

\_\_\_\_\_  
Thomas A. Bedell, Circuit Judge

## **EXHIBIT A**

**PERRINE DUPONT SETTLEMENT**  
**CLAIMANT MEDICAL MONITORING CLASS MEMBERSHIP**  
**VERIFICATION PROTOCOLS**

It is proposed that completed Medical Monitoring Registration Forms ("Registration Forms") will be sorted, verified and Registrants will be paid the \$200 initial cash payment based upon the following criteria:

1. Determination of Opt-Out Status.

Upon receipt of a complete or incomplete Registration Form, the putative registrant information will be compared with the attached Opt-Out list provided by Plaintiffs Counsel to determine if the putative registrant should possibly be excluded from the Class as an opt-out. In addition, DuPont may provide additional lists of potential registrants to be excluded for other reasons, for consideration by Plaintiffs' Class Counsel and the Claims Administrator. If the putative registrant appears to match a claimant on the Opt-Out List, or appears otherwise to be ineligible based on an entry in a list provided by DuPont and agreed to by the Claims Administrator and Plaintiffs' Class Counsel (collectively, a 'Putative Opt-Out'), we will send a letter to the Putative Opt-Out informing him that we believe he is excluded as an opt-out and giving him an opportunity to object to that exclusion, based on a similar name or other reasonable basis. If a putative Opt-Out is determined by the Claims Administrator to be a Medical Monitoring Class Member, a written analysis supporting the decision will be prepared and put in the registrant file.

2. Completion of Medical Monitoring Registration Claim Forms.

Registration Forms will be reviewed to determine if all required sections have been completed, and all required documents have been provided. If the Registration Form is incomplete\*, we will send correspondence to the claimant indicating the Registration Form deficiency and requesting that the Registration Form be completed and/or the required documents be provided, and

\* Complete means Part 1 and 2 are completed, the Signature Page is signed and "witnessed", and documentation of minimum residency in the Class Area is shown.

reminding the recipient of the August 31, 2011 registration deadline. If the Registration Form is complete, we will then determine registrant eligibility.

3. Determining Registrant Eligibility From Completed Forms.

The Registration Form requires the registrant to provide proof that the registrant lived in the Class Area, and for how long. Based on the address information provided by the registrant and Class Area Zone mapping, we will determine whether the residences listed are in Zone 1, 2 or 3 of the Class Area; and calculate the years the registrant claims to have lived at each particular address to determine apparent registrant eligibility. If the supporting documents do not show the eligibility requirements, we will contact the registrant to request additional information/documentation, as well as trying to obtain information from any other outside sources available to provide proof of residency requirements. Supporting documents will need to be examined to determine whether they support minimum Class Area residency requirements to qualify as a Class Member. Supporting documents provided by the Class Member or obtained from another source must reasonably demonstrate minimum Class Area residency requirements to support registration as a Class Member. Supporting documents provided by the applicant or received from outside sources shall be placed in the registrant file with the Registration Form.

Once we have verified eligible registrants, on a rolling basis, we will provide a batch report of those registrants to the Finance Committee for their verification. To the extent practicable, batch reports will be prepared and provided to the Finance Committee on the 15<sup>th</sup> and at the end of each calendar month. The batch report will include a table with the following information: (a) a unique registrant identifier, (b) a list of the addresses the registrant resided at, (c) the Class Area Zone of

each address (d) the time living at each address in the Class Area, and (e) a description of the documentation in the registrant file provided or obtained to support the minimum residency requirement. Each member of the Finance Committee will have five (5) business days to object to the eligibility of any apparent registrant in the batch. If the batch exceeds 100 applicants in size, reasonable additional review time will be allowed. Any objections raised by any member of the Finance Committee shall include a written detailed explanation of the objection. The registrants for which no objection is timely made will be considered the "Verified Registrants" and will be ripe for payment of the initial \$200 cash amount.

4. Verified Registrants - Payment of Initial \$200 Cash Amount and Classification of Verified Registrant as Agreeing to Have Medical Monitoring or Not Agreeing to Have Medical Monitoring.

(a) Payment of Initial \$200 Cash Amount: Verified Registrants will be sorted by date of birth, with child claimants being those below the age of majority in West Virginia or their state of residence on the date of completion of the Registration Form (the "Child Verified Registrant"). All adult Verified Registrants who were not noted as incompetent on the Registration Form will be paid the Initial \$200 cash amount. The checks issued for any Child Verified Registrant will be issued payable to the person signing the form "as parent or guardian of \_\_\_\_\_ (the registrant's name)". For incompetent or disabled Verified Registrants, the checks will be payable to the person signing the form "as the guardian or personal representative of \_\_\_\_\_ (the registrant's name)." For all Verified Registrants who are children or incompetent or disabled, a letter approved by the Court confirming that the payment will only be used for the support, maintenance, health or education of the child or legally incompetent person, will be sent with the payment.

All Initial \$200 Cash Amount checks will be accompanied by the attached form letter explaining the income tax consequences of the payment and the potential impact of the payment on government benefits.

(b) Classification of Verified Registrants. Once a registrant is considered a Verified Registrant, we will classify in our database whether or not the Verified Registrant wants to avail himself of Medical Monitoring, or whether he does not wish to use Medical Monitoring, based on whether he checked the yes or no box, respectively, in Part I of the Registration Form.

5. Location of Original Registration Forms and Periodic Confidential Audits.

A separate paper folder of each putative registrant's original Registration Form and supporting paper documents will be kept at the Settlement Claims Office in Spelter, West Virginia or at another agreed secured location in Harrison County, West Virginia, to facilitate periodic confidential audits.

Any Finance Committee Member, at the Party's expense, may audit the Claims Administrator Verified Registrant paper files, which will include the actual names and other specific identifying information of Verified Registrants, provided that the Finance Committee member or her designee or the auditor signs the Confidentiality Agreement approved by the Court and the audit work papers are maintained on a confidential need to know for audit purposes only basis and in strict compliance with the Protective Order of the Court. The term, Need to Know, in the previous sentence includes the need to know in order to verify that a putative Medical Monitoring Class Member is a Verified Registrant. The audit verification process will occur at any time during business hours (week days from 9 a.m. to 5 p.m.), or at such other time as may be agreed to with the Settlement Administrator. The auditing Finance Committee member or her designee or auditor on

a need to know basis, shall be able to maintain the audit work papers, containing the actual Registrant identification information, provided that they are in full compliance with the Confidentiality Agreement.

FROM

(WED) FEB 16 2011 14:16/ST. 14:14/Ho. 8000723421 P 7

Opt Out Ltr

GOULD PICKES TURNER Fax: 205-716-3610

FEB 16 2011 12:27pm P006/012

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1	2	3	4	5	6	7	8
1	17255 Alvin Thomas		Washington Blvd Apartments	600 Grand Street	CLARKSBURG	WV	26431
2	10451 AL ESSIO DA L EY (JOHN A ALBESIO & DEBORAH WATSON)		161 LIBERTY AVE PADERBURY ALESSIO WIA		CLARKSBURG	WV	26431
3	10449 ALL ECHENY ENERGY SUPPLY COMPANY LLC		4600 HORTON PIKE		MOOREVILLE	PA	15146
4	13444 ALL ECHENY POWER CO		GENERAL DELIVERY		RAYWOOD	WV	26366
5	17253 ALLEN JAMES F IV		RR 1 BOX 489		CLARKSBURG	WV	26431
6	15717 ALBRECHT ROBERT W		PO BOX 81		HEPZIBAH	WV	26369
7	17121 ASH JAMIE F		RR 2 BOX 303		SHANNISTON	WV	26431
8	18082 ASHCRAFT LARGABART & PAUL EY (PAULEY & SPOONHILL O ETAL)		RR 1 BOX 342		SHANNISTON	WV	26431
9	10164 BANCROFT LEONIS LIMITED PARTNERS		2810 DUNBAR ST		SHANNISTON	WV	26431
10	16466 BARRETT THOMAS I		4281 HIGH STREET		SHANNISTON	WV	26431
11	16931 BARRETT THOMAS L & DEBRA CHRISTINE		4281 HIGH STREET		SHANNISTON	WV	26431
12	14468 BARRETT THOMAS M & BERTHA CHRISTINE		4281 HIGH STREET		SHANNISTON	WV	26431
13	16005 BARON GARY B & PAMELA		601 THOMAS ST		SHANNISTON	WV	26431
14	10187 BEL CASTRO ANDELINE		613 MAPLE ST		SHANNISTON	WV	26431
15	16210 BICE JANIS K		208 JACKSON AVE		SHANNISTON	WV	26431
16	16016 BIRCH BONNIE BEL		RR 1 BOX 384		SHANNISTON	WV	26431
17	10729 BIRCHING EMBERS COMP		610 AARON SWITHDR		SHANNISTON	WV	26431
18	10883 BIRCHING EMBERS CORPORATION		610 AARON SWITHDR		SHANNISTON	WV	26431
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20	16031 BUTCHER FOREST W & RUTH M		RR 2 BOX 277		SHANNISTON	WV	26431
21	10911 BUTCHER ROY B & LINDA		RR 2 BOX 277		SHANNISTON	WV	26431
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LETTER TO ACCOMPANY ALL \$200 CASH PAYMENTS TO  
VERIFIED MEDICAL MONITORING CLASS MEMBERS, AND  
ALL SUBSEQUENT CASH PAYMENTS TO SUCH CLASS MEMBERS

SETTLEMENT ADMINISTRATOR PAYMENT OFFICE  
PERRINE DUPONT MEDICAL MONITORING QUALIFIED SETTLEMENT FUND  
501 Riverchase Parkway East, Suite 100  
Hoover, Alabama 35244

(800) 345-0837

\_\_\_\_\_, 2011

[Verified Registrant]  
[Address]

Re: The Perrine Dupont Medical Monitoring Qualified Settlement Fund - Initial  
\$200 Cash Payment

Dear [Verified Registrant]:

Based on your completed Registration Form, we have determined that you are an eligible Medical Monitoring Class Member. Therefore, please find enclosed your initial \$200 cash payment in this matter.

Please be advised that, because this payment is for services rendered in registering as a Medical Monitoring Class Member, it is considered income, and may be subject to State and Federal income taxes. We will be sending you a Federal Form 1099 with respect to this payment if this payment and any additional payment you receive year\* for registering total \$600 or more. It may be advisable for you to make an estimated tax payment to the Internal Revenue Service and to the West Virginia Department of Revenue in connection with this payment. You may want to consult a tax professional for advice about the tax consequences of this payment to you under your personal circumstances.

Please also review the attached one-page sheet from the IRS summarizing the tax consequences of settlement payments.

This letter shall confirm that payment of this amount may eliminate your eligibility or otherwise negatively affect your ability to receive State or Federal benefits, such as social security, unemployment compensation, welfare, food stamps or other Governmental programs. However, we are not in a position to advise you of the legal consequences that may result in your accepting this payment. Before you accept this payment, you may wish to consult with an attorney about the consequences of doing so. If you do not have an attorney who can advise you of these matters, you may contact the West Virginia State Bar at (304) 558-2456, who should be able to refer you to an attorney.

\*We do not know if there will be an additional payment or, if there is one, in what amount it will be. This will depend on how many people qualify as Medical Monitoring Class Members by the August 31, 2011 deadline.

\_\_\_\_\_, 2011  
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If you have any questions concerning this matter, please let me know.

Yours very truly,

Ed Gentle,  
Settlement Administrator

KAH/  
Enclosures

## SETTLEMENTS – TAXABILITY

The Internal Revenue Service recognizes that receiving a settlement award (amount) from a personal injury suit may create new tax issues for some individuals. The following information is provided to assist recipients of cash settlements.

The type of settlement you receive is determined by your Final Settlement Agreement. Your attorney should provide you with a copy of your Final Settlement Agreement.

**Physical injuries or physical sickness settlements** are generally non-taxable.

If you receive a settlement for physical injuries or physical sickness and did not take an itemized deduction for medical expenses related to this injury in prior years, the full amount is non-taxable and generally does not need to be reported on your income tax return.

### BUT

If you receive a settlement for physical injuries or physical sickness and did deduct medical expenses related to the injury, the *tax benefit* amount is taxable and should be reported as "Other Income" on line 21 of the 2004 Form 1040.

**Interest, punitive damages, emotional distress or mental anguish, and employment discrimination or injury to reputation settlements** are generally taxable.

**Interest:** Amounts on any settlement are taxable as "Interest Income" and should be reported on line 8a of the 2004 Form 1040.

**Punitive Damages:** Amounts are taxable and should be reported as "Other Income" on line 21 of the 2004 Form 1040. It does not matter if punitive damages are related to a physical injury or physical sickness.

**Emotional distress or mental anguish:** Amounts are taxable to the extent that it exceeds medical costs, not previously deducted, for treatment of emotional distress or mental anguish. A statement showing the entire settlement amount less related medical cost should be attached to the return. The net taxable amount should be reported as "Other Income" on line 21 of the 2004 Form 1040.

**Employment discrimination or injury to reputation:** Amounts are taxable and should be reported as "Other Income" on line 21 of the 2004 Form 1040.

**Loss-of use or loss-in-value of property settlements** may be taxable if the settlement exceeds your basis in the property.

Property settlements that are less than the adjusted basis of your property are not taxable and generally do not need to be reported on your tax return.

When property settlements exceed your adjusted basis in the property, the gain is treated as a *gain on a capital asset*. Gains on personal capital assets are reported on Form 1040's *Schedule D, Capital Gains and Losses*. Gains on business capital assets are reported on Form 4797, *Sale of Business Property*.

Some settlement recipients may need to make estimated tax payments if they expect their tax to be \$1,000 or more after subtracting credits & withholding. Information on estimated taxes can be found in IRS Publication 505 *Tax Withholding & Estimated Tax* and in Form 1040ES *Estimated Tax for Individuals*.

For additional help contact the IRS at 1-800-829-1040.



Department of the Treasury  
Internal Revenue Service

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STAKEHOLDER PARTNERSHIPS,  
EDUCATION & COMMUNICATION

## **EXHIBIT B**

PERRINE DUPONT SETTLEMENT CLAIMS OFFICE

ATTN: EDGAR C. GENTLE, CLAIMS ADMINISTRATOR  
C/O SPELTER VOLUNTEER FIRE DEPARTMENT OFFICE

55 B. STREET

P.O. BOX 257

SPELTER, WEST VIRGINIA 26438

(304) 622-7443

(800) 345-0837

[www.perrinedupont.com](http://www.perrinedupont.com)

[perrinedupont@wgnshlaw.com](mailto:perrinedupont@wgnshlaw.com)

RE: Compensation for Registration Payment for a Child or Legally Incompetent Person

Dear Check Payee,

We are writing to you because you completed and signed a Medical Monitoring Registration Form for a claimant who is:

- ☐ A child
- ☐ A legally incompetent person

Enclosed, please find a check representing a payment of compensation for registration for this claimant.

We are writing to you because this payment is being made through you, as the payee on the check, to a child under the age of adulthood in your state, which is eighteen years of age in West Virginia, or to a legally incompetent adult who does not have the legal capacity to manage their own affairs. When you signed the Medical Monitoring Registration Form for the child or legally incompetent adult, you attested under penalty of perjury that you were the custodial parent or guardian of the child, or the legal guardian or conservator of the legally incompetent adult.

As the legal caretaker of the child or legally incompetent adult to whom the enclosed payment is issued, you are bound by Order of the Circuit Court of Harrison County only to spend the enclosed payment for the support, maintenance, or education of the child or legally incompetent adult.

By cashing this check, you are affirming that you will only use the enclosed payment of compensation for the support, maintenance, health, or education of the child or legally incompetent adult for whom you are the parent, guardian, or custodian.

If you have any questions, please do not hesitate to contact us.

Yours very truly,

Ed Gentle, Claims Administrator