

**End Claim Deferral Form
H. K. Porter Asbestos Trust**

Claimant Name: _____

Claim ID: _____

Law Firm (If any): _____

Please end the deferral of the claim shown above and resume processing of it.

___ Claimant, ___ Personal Representative or ___ Law firm contact Signature (check one)	Date
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Printed or typed name if not Claimant