W. A. Bechtel Co., Insured by Industrial Indemnity Exchange;

Plant Asbestos Co., Insured by Industrial Indemnity Co.;

Baldwin Ehret-Hill,Inc., a corporation, and Kitzman Plumbing & Heating Co., Insured by Insurance Company of North America;

J. T. Thorpe, Inc., Thorpe Insulation Co., Marine Engineering & Supply Co., Insured by Pacific Employers Insurance Co.;

Stearns & Rogers Corp., Insured by Reliance Insurance Co.;

Johns Manville Sales Corp., Armstrong Cork Co., Armstrong Contracting Co., Insured by The Travelers Insurance Co.;

Fibreboard Paper Products Corp., Plant Rubber & Asbestos Works both Permissibly Self-Insured;

Thorpe Insulation Co., Los Angeles Cork Co., Technical Service Co., Insured by Fireman's Fund Insurance Co.;

Coast Insulation Products Co., Insured by Argonaut Insurance Co.;

Los Angeles Cork Co., Insured by Zurich Insurance Co.;

Accurate Insulation Co., Insured by Casualty Insurance Company of California;

J. T. Thorpe, Inc., Insured by American Motorists Insurance Co.;

Accurate Insulation Co., Western Asbestos Co., R. T. Dimwiddie, Inc., Insured by State Compensation Insurance Fund;

Unafrax Construction Co., Industrial Service & Engineering Co. of California, United Cork Companies Corp., Insured by Liberty Mutual Insurance Co.;

2. The actual weekly wages of the employee at the time of the claimed injury were maximum.

3. That no payments of compensation to the applicant were made during his lifetime on account of the claimed injury.

4. The applicant Maurine Clark being of adult age, states

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and warrants that she was the lawful wife of the deceased employee and was the sole and only dependent of said deceased employee and was wholly dependent upon him at the time of the deceased employee's injury.

5. The parties hereby agree to settle any and all claims of said dependent, both as a dependent and an heir-at-law of the said deceased employee on account of the claimed injury and the death of said employee at a payment of the sum of $5,410.50, payable in one lump sum to applicant, less attorney's fees, less valid liens of record, if any. Less $200.00 to Dr. John Field, less $80.47 to Steven Roseman for Costs.

That said payment shall be made by the above-named carriers as follows:

Hardware Mutual Casualty Co.	$ 235.00
Industrial Indemnity Exchange	333.00
Industrial Indemnity Company	414.00
Insurance Company of North America	180.00
Pacific Employers Insurance Co.	846.00
Reliance Insurance Co.	67.50
The Travelers Insurance Co.	621.00
Fibreboard Corp. and Plant Rubber Asbestos Works	180.00
Fireman's Fund Insurance Co.	1,035.00
Argonaut Insurance Co.	65.00
Zurich Insurance Co.	90.00
Casualty Insurance Company of California	39.00
American Motorists Insurance Co.	450.00
State Compensation Insurance Fund	585.00
Liberty Mutual Insurance Co.	270.00
	$5,410.50

Parties hereby agree that all medical, hospital and burial expenses required by reason of the alleged injury and the death of the employee shall be paid by the applicant herein.

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7. The name and address of applicant's attorney is: 1543 W. Olympic Boulevard Steven Roseman, ~~1621 West Ninth Street~~, Los Angeles, California, who requests a fee of $ 700.00 , having received nothin by way of fee previously.

8. REASON FOR COMPROMISE:

That a bona fide dispute exists by and between the parties hereto as to all of the facts except as to admission of certain employment, earnings, and the coverages herein alleged. That all of the parties hereto have attempted to evaluate the applicant's claim and believe that the consideration to be paid hereunder is fair and adequate as to those parties who have joined in this Agreement. That the said defendants wish to buy their peace.

9. It is further agreed that the Release and Compromise herein shall cover and include all employers of the deceased employee whether named herein or not during such periods as said employers were insured against Workman's Compensation Liabilities by the Insurance Carriers named herein as parties hereto.

10. For the purpose of determining the lien claim filed herein for the unemployment compensation disability benefits or unemployment compensation benefits and extended duration benefits whic have been paid under or pursuant to the California Unemployment Insurance Code, the parties propose the following division of the sur agreed upon for settlement and release of this case:

$_____for temporary disability covering the period _____to_____.

$_____for accrued medical expense paid or incurred by the employee.

$_____for future medical care.

$_____for permanent disability.

11. Upon approval of this Compromise Agreement by the Workmen's Compensation Appeals Board or a Referee, and payment in accordance with the provisions hereof, said employee releases and

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forever discharges said employer and insurance carrier from all claims and causes of action, whether now known or ascertained, or which may hereafter arise or develop as a result of said injury, including any and all liability of said employer and said insurance carrier and each of them to the dependents, heirs, executors, representatives, administrators or assigns of said employee.

12. In further consideration of the payment in accordance herewith, applicant agrees that this release will apply to all unknown and unanticipated injuries and damages resulting from such accident, casualty, event, and/or employment, as well as all those now disclosed, and all rights under section 1542 of the Civil Code of California are hereby expressly waived.

Section 1542 of the Civil Code of California reads as follows:

> "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

13. In further consideration of the payment of the aforesaid sum, applicant agrees that this release extends to and covers the executors, administrators, heirs, representatives, successors, assigns, officers, directors, agents, servants, and employees of the defendants, and each of them, and the physicians, surgeons, and nurses of the defendants, and each of them, whether acting individual or on behalf of them or either of them.

WITNESS the signature hereof this 22 day of May, 1969 at Los Angeles, California.

Maurine Clark - Applicant

Steven Roseman-Attorney for Applicant

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By: _____
HARDWARE MUTUAL CASUALTY CO.
a corporation

By: _____
INDUSTRIAL INDEMNITY EXCHANGE
a corporation

By: _____
THE TRAVELERS INSURANCE CO.
a corporation

By: _____
FIREMAN'S FUND INSURANCE CO.
a corporation

By: _____
ZURICH INSURANCE CO.
a corporation

By: _____
AMERICAN MOTORISTS INSURANCE CO., a corporation

By: _____
LIBERTY MUTUAL INSURANCE CO.
a corporation

By: _____
INDUSTRIAL INDEMNITY COMPANY
a corporation

By: _____
RELIANCE INSURANCE CO.,
a corporation

By: _____
FIBREBOARD CORP. & PLANT RUBBER ASBESTOS WORKS, PERMISSIBLY SELF-INSURED

By: _____
ARGONAUT INSURANCE CO.
a corporation

By: _____
CASUALTY INSURANCE COMPANY OF CALIFORNIA, a corporation

By: _____
STATE COMPENSATION INSURANCE FUND
a corporation

INSURANCE COMPANY OF NORTH AMERICA
a corporation
By: _____
HERLIHY, HERLIHY, JONES & NELSON

PACIFIC EMPLOYERS INSURANCE CO.
a corporation
By: _____
HERLIHY, HERLIHY, JONES & NELSON

STATE OF CALIFORNIA
COUNTY OF _____ } ss.

On this 20 day of May A.D. 1969 before me the undersigned a Notary Public in and for the said County and State, residing therein, duly commission and sworn, personally appeared MAURINE CLARK known to me to be the person whose name is subscribe to the within Instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate