

AFFIDAVIT OF ROUNDUP EXPOSURE

I, Toby Abbe, hereby certify, under penalty of perjury, the following:

CLAIMANT INFORMATION

1. I currently reside at the following address:

403 W 24th St , South Sioux City, NE 68776

(if the address above is incorrect, please write in correct address in spaces below)

Address	
City, State, Zip Code	

2. My Date of Birth is 11/11/1965

My Social Security Number is 479-84-4945

EXPOSURE TO ROUNDUP PRODUCTS

3. Prior to my diagnosis with non-Hodgkin Lymphoma (NHL), I was exposed to Roundup Products.
4. To the best of my knowledge and belief, my first exposure to Roundup Products was on 11/1/2017.
5. To the best of my knowledge and belief, the time period of my exposure to Roundup Products was 2014 to 2017.
6. On average, I was exposed to Roundup 6 days per year.
7. During the time period I was exposed to Roundup, I used Roundup for the following average hours per year:
- Less than 10 Hours per year on average [☐]
- 10 – 20 Hours per year on average [☒]
- 20-40 Hours per year on average [☐]
- Over 40 Hours per year on average [☐]
8. My exposure to Roundup Products was in the following situations: [check all that apply]:
- a) Residential [☒]
- b) Agricultural [☐]
- c) Industrial/Occupational (landscaping, maintenance) [☐]

Abbe, Toby



9. The Roundup Products to which I was exposed include [check all that apply]:

Ready-to-Use Spray [] and/or

Mixed from Concentrate ☒

SELECTION:

10. Have you ever had an incident in which you were soaked with Roundup? Yes ☒ or No []

11. I purchased or acquired Roundup Products at:

a) TRACTOR Supply Comp. [state name of store, if applicable]; or, Hillsdale MI

b) I cannot remember or unknown [].

12. To the extent available, I attach to this Affidavit all proof of product use (e.g., pictures of products used, receipts of purchase). If unavailable, check this box ☒.

13. On 11/1/2017, I was first diagnosed with Non-Hodgkin Lymphoma. A copy of the medical record establishing or supporting my initial diagnosis of NHL is attached or will be provided by my attorney.

Abbe, Toby



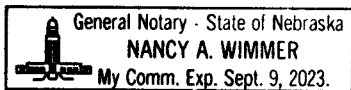
CERTIFICATION

I certify under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all information submitted in support of my claim, including the information contained within this Affidavit, is true, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this Affidavit and my claim may result in fines, imprisonment, and/or any other remedy available by law and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

SIGNATURE

Signature	<i>Toby Abbe</i>		Date	<u>11 / 16 / 2020</u> (month) (day) (year)
Printed Name	First Toby	MI	Last Abbe	

NOTARIZATION

Signature by Notary:	<i>Nancy A. Wimmer</i>		
Notary Public in and for the State or Jurisdiction of and Number if applicable	State of <u>Nebraska</u> County of <u>Dakota</u> Notary ID # <u>N/A</u>		
Date Notary Commission Expires:	<u>09 / 09 / 2023</u> (month) (day) (year)		
Place Notary Seal or Stamp in this Space:			

Abbe, Toby

