

Date: APRIL 07, 2009

DON L. DAILEY
14609 NE 40TH. PL. #708
BELLEVUE, WA 98007

Please complete and return the attending physicians statement below, as any further benefits for the patient depend on medical proof of disability.

Thank you for your assistance.

Sincerely,

Juaneta Cannon
TONGASS TIMBER TRUST

Attending Physicians Statement

Diagnosis and current condition _____

Date of service: _____

Date first consulted: _____

Patient still under your care?: _____

Patient was continuously totally disabled (unable to work) from
_____ to _____

If still disabled, should be able to return to work _____

Signature of physician _____

Printed name of physician _____

Date _____