

IN THE CIRCUIT COURT OF THE
FOURTEENTH JUDICIAL CIRCUIT IN
AND FOR JACKSON COUNTY,
FLORIDA

EMMON SMITH,

CIVIL DIVISION

Plaintiff,

CASE NO: 09-719-CA

v.

R.J. REYNOLDS TOBACCO COMPANY,
et. al.,

Defendants.

PLAINTIFF'S AFFIRMATIVE DEFENSE INTERROGATORIES
TO DEFENDANT R. J. REYNOLDS TOBACCO COMPANY

The Plaintiff, EMMON SMITH, through the undersigned attorneys, hereby propounds the attached Affirmative Defense Interrogatories upon Defendant R.J. Reynolds Tobacco Company to be answered in writing, under oath, within your knowledge or the knowledge of your agents, servants, employees or attorneys, within thirty (30) days from the date of service hereof in accordance with Rule 1.340, Florida Rules of Civil Procedure.

CERTIFICATE OF SERVICE

WE HEREBY CERTIFY true and correct copies of the foregoing have been provided by

Mail and Facsimile this ____ day of June, 2010, to the attached Service list.

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By: _____
Maria L. Rubio
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By: _____
J.B. Harris
Florida Bar No.: 495034

SERVICE LIST

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<p>Stephanie E. Parker, Esq. John F. Yarber, Esq. John M. Walker, Esq. JONES DAY 1420 Peachtree Street, N.E. Suite 800 Atlanta, GA 30309-3053</p> <p>Tel: (404) 521-3939 Fax: (404) 581-8330</p> <p><i>Counsel for Defendant R.J. Reynolds Tobacco Company</i></p>	<p>Rafael Cruz-Alvarez, Esq. Nicole M. Nassiff, Esq. SHOOK, HARDY & BACON, LLP Miami Center Suite 2400 201 S. Biscayne Blvd Miami, FL 33131</p> <p>Tel: (305) 358-5171 Fax: (305) 358-7470</p> <p><i>Counsel for Defendant Philip Morris USA Inc.</i></p>

4. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 4.**

5. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 5.**

6. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 6.**

10. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 10.**

11. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 11.**

12. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 12.**

13. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 13.**

14. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 14.**

15. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 15.**

16. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 16.**

17. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 17.**

18. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 18.**

19. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 19.**

20. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 20.**

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22. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 22.**

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25. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 25.**

26. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 26.**

27. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 27.**

28. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 28.**

29. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 29.**

30. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 30.**

31. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 31.**

32. Please identify any witness by name, address and telephone number, and any documents and facts upon which you rely in support of your affirmative defense **Number 32.**

DECLARATION UNDER OATH

As an authorized representative for Defendant R. J. REYNOLDS TOBACCO COMPANY,
I declare that to the best of my knowledge the foregoing answers to **Plaintiff's Affirmative
Defense Interrogatories to Defendant R. J. Reynolds Tobacco Company**, are true and
complete.

R. J. REYNOLDS TOBACCO
COMPANY

By _____
Authorized and Designated Corporate
Representative

Printed Name

Title

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____,
2010, by _____ [name and title] of R. J. REYNOLDS
TOBACCO COMPANY, a _____ [state of] corporation, on behalf of the
corporation, who is personally known to me or has produced _____
as identification, and who took an oath.

Signature of Person Taking
Acknowledgment

Name of Acknowledger (Typed,
Printed or Stamped)

Commission # _____

My Commission Expires: _____

This ____ day of June, 2010.