



<b>NAME/TITLE</b>  <input type="checkbox"/> Hardened	<b>QUIRKS/NOTES</b>
<b>GIFT</b>  <input type="checkbox"/> Wasted	
<b>KINGLY GIFT</b>  <input type="checkbox"/> Wasted	
<b>INJURIES</b> Fleeting <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Grievous <input type="checkbox"/> Lingering <input type="checkbox"/>	
<b>FATIGUE</b> Fatigued <input type="checkbox"/> Faltering <input type="checkbox"/> Spent <input type="checkbox"/> Collapsed <input type="checkbox"/>	

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