

10-14-1998

T U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

Tab settings ☐ ☐ ☐

OCT 08 1998



100848903

To the Honorable Commissioner of Patents and Trademarks

original documents or copy thereof.

1. Name of conveying party(ies):

Betty Anne Carrington

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other Last Will And Testament

Execution Date: 8/13/98

2. Name and address of receiving party(ies)

Name: Kevin O'Grady

Internal Address: _____

Street Address: 7320 N. La Cholla

City: Tucson State: AZ ZIP: 85714

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

B. Patent No.(s)

5,626,009

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Mark E. Ogram

Internal Address: _____

Street Address: 8040 S. Kolb Rd

City: Tucson State: AZ ZIP: 85706

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

☒ Enclosed

☐ Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

10/14/1998 BHUYEN 00000040 5626009

FC:581

40.00 DP

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file OK

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Mark E. Ogram
Name of Person Signing

[Signature]
Signature

10/15/98
Date

Total number of pages including cover sheet, attachments, and document: 6

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents & Trademarks, Box Assignments

Washington, D.C. 20231

PATENT

REEL: 9490 FRAME: 0756

LAST WILL AND TESTAMENT

OF

BETTY ANNE CARRINGTON

I, BETTY ANNE CARRINGTON, being a resident of Pima County, Arizona, do make, publish and declare this my Last Will and Testament, and do hereby expressly revoke all other and former Wills and Codicils made by me.

I

I declare that I am presently unmarried. KEVIN O'GRADY is my only child. I have no deceased children.

II

I appoint the following to serve successively in the order named as personal representative:

- A. My son, KEVIN O'GRADY;
- B. My sister, DOLLY PAIGE;
- C. My friend, JOAN ROMANO.

I direct that neither my personal representative nor any successor personal representative nominated herein shall be required to post bond or other security for the faithful performance of said duties.

February 7, 1997

BAC
SDM

III

I devise my estate as follows:

- A. To my son, KEVIN O'GRADY;
- B. If my son, KEVIN O'GRADY fails to survive me, to my sister, DOLLY PAIGE;
- C. If both KEVIN O'GRADY and DOLLY PAIGE fail to survive me, to my friend, JOAN ROMANO.

IV

The above provisions notwithstanding, there may be in existence at the time of my death a written statement or list outside of this Will which devises certain items of tangible personal property. The statement or list will be in my handwriting or signed by me and will describe the items and devisees. I direct my personal representative to distribute the specified items to the named devisees in accordance with this statement or list. Any property not effectively devised by said statement or list shall be governed by the other provisions of this Will.

In the event my personal representative shall fail to locate said statement or list within three months after appointment, it shall be conclusively presumed that no such document exists, and if said document is later found, it shall be deemed void and of no effect.

IN WITNESS WHEREOF, I have to this, my Last Will and Testament, hereunto subscribed my name this 7th day of February, 1997.


BETTY ANNE CARRINGTON

SDM
KC

We hereby certify that the foregoing instrument was on the date hereof signed, published and declared by the testator as, for and to be her Last Will and Testament in the presence of us, who at her request and in her presence and in the presence of each other have hereunto signed our names as subscribing witnesses.

Kim Cirelli, residing in Pima County, Arizona.

Susan D. Morales, residing in Pima County, Arizona.


Prepared by the Law Offices of Clifford G. Bleich

February 7, 1997

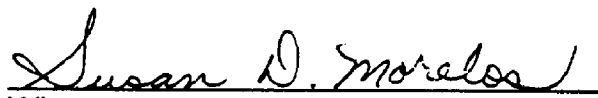


STATE OF ARIZONA)
) ss
COUNTY OF PIMA)

We, BETTY ANNE CARRINGTON, KIM CIRELLI and SUSAN D. MORELOS, the Testator and witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator signed and executed the instrument in our presence as her Last Will and Testament, that she signed willingly, that she executed it as her free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the Testator, signed the Will as witnesses to the Testator's signing and that to the best of his or her knowledge the Testator was at that time eighteen or more years of age, of sound mind and under no constraint or undue influence.


BETTY ANNE CARRINGTON

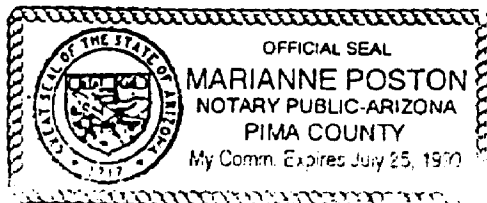

Witness


Witness

SUBSCRIBED AND SWORN to before me by BETTY ANNE CARRINGTON, the Testator, KIM CIRELLI and SUSAN D. MORELOS, witnesses, this 7th day of February, 1997.


Notary Public

My Commission Expires:



February 7, 1997

PATENT
REEL: 9490 FRAME: 0760

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.
CERTIFICATE OF DEATH

NAME OF DECEASED BETTY		B. MIDDLE ANNE		C. LAST CARRINGTON		SEX 2 FEMALE	DATE OF DEATH AUGUST 13, 1998	
RACE (e.g., white, black, American Indian, [specify tribe] etc.) White		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No		
PLACE OF DEATH Pima		B. TOWN OR CITY Tucson		C. HOSPITAL OR INSTITUTION Northwest Hospital		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT		
DATE OF BIRTH January 5, 1945		AGE (YEARS) 53	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
STATE AND CITY OF BIRTH Brooklyn, New York		CITIZEN OF WHAT COUNTRY? USA		SOCIAL SECURITY NO. 079-36-9745		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. Author		KIND OF BUSINESS OR INDUSTRY B. Legal Books
USUAL RESIDENCE Arizona		B. COUNTY Pima		C. TOWN OR CITY Tucson		D. ZIP CODE 85704		HOW LONG IN ARIZONA? 16. 12 Years
STREET ADDRESS OR R.F.D. 8215 N Oracle Rd #199		INSIDE CITY LIMITS? (SPECIFY YES OR NO) 15F. No		ON RESERVATION (SPECIFY YES OR NO) 15G. No		PREVIOUS STATE OF RESIDENCE 18. New York		ELEMENTARY-SECONDARY (0-12) A. 12
FATHER'S NAME Richard		B. MIDDLE Fish		C. LAST Fish		MOTHER'S MAIDEN NAME Dolly		B. MIDDLE A. Allegro
INFORMANT'S SIGNATURE By: Karen Priskel		RELATIONSHIP TO DECEASED 22. Son		ADDRESS 23. 7300 N. Mona Lisa Rd. #9357 Tucson, AZ		CITY AND STATE 85741		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. Burial		DATE 25. 8-22-1998		CEMETERY OR CREMATORY, NAME, LOCATION 26. Evergreen Cemetery Tucson, Arizona		EMBALMER'S SIGNATURE 27A. Douglas M. Moten		CERT. NO. B. 07042
FUNERAL HOME 28. Adair-Avalon F.H. 8090 N. Northern Ave. Tucson, Arizona		NAME STREET ADDRESS		CITY AND STATE		FUNERAL DIRECTOR (person acting as such) (SIGNATURE) 29A. Douglas M. Moten		CERT. NO. 0779
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		30. SIGNATURE AND TITLE [Signature]		DATE SIGNED (Mo., Day, Year) 31. August 13, 1998		HOUR OF DEATH 32. 0030		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		33.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.		SIGNATURE 34. [Signature]		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 39. D. Katakarr, MD 1845 W Orange Grove Tucson, AZ		AUTHORIZED FOR CREMATION (SPECIFY) 40. [] Yes [X] No		MEDICAL EXAMINER'S SIGNATURE: 41. [Signature]		DATE SIGNED (Mo., Day, Year) 35.		HOUR OF DEATH 36.
DATE REGISTERED AUG. 17, 1998		REG. FILE NO. 4988		REGISTRAR'S SIGNATURE 43. [Signature]		REG. DISTRICT 1004		DATE REC'D. IN STATE OFFICE 46.
SEQUELENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH LAST.		A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Acute Respiratory Failure		B. DUE TO OR AS A CONSEQUENCE OF: Bilateral Aspiration Pneumonia		C. DUE TO OR AS A CONSEQUENCE OF: Recurrent Malignant Lymphoma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 Month
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 48. Acute Renal Failure and Pancytopenia		AUTOPSY (Specify Yes or No) 49. No		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. No				
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR 52.		HOUR 53.		INJURY AT WORK? (Specify Yes or No) 54. M		DESCRIBE HOW INJURY OCCURRED 55.
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56.		WHERE LOCATED? 57.		STREET ADDRESS 58.		CITY OR TOWN 59.		STATE 60.
SUPPLEMENTARY ENTRIES 61.								

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF PIMA } SS

DATE ISSUED

September 2, 1998

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of:

DENNIS W. DOUGLAS
County Registrar
Pima County Health Department

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised PATENT

654880

RECORDED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE