

12-31-1998



100932514

To the Honorable Comm.

A person records the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

David Stoller

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

MRD 12-23-98

## 3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other \_\_\_\_\_Execution Date: December 3, 1998

## 2. Name and address of receiving party(ies)

Name: 2115727 Canada Inc.Internal Address: 1188 Wellington Street, Ottawa  
Ontario, Canada K1Y 2Z5Street Address: 1188 Wellington StreetCity: Ottawa Province: Ontario Postal Code:K1Y 2Z5Additional 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) D351793Additional numbers attached? ☐ Yes ☒ No

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

Name: Trevor C. KlotzInternal Address: c/o Perley-Robertson, Panet, Hill &McDougall, 90 Sparks Street, 4th Floor, Ottawa,Ontario, Canada K1P 1E2Street Address: 90 Sparks Street, 4th Floor,

K1P

City: Ottawa Province: Ontario Postal Code: 1E26. 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)

12/31/1998 DNGUYEN 00000043 351793

DO NOT USE THIS SPACE

FC-581

40.00 BP

## 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.*Trevor C. Klotz

Name of Person Signing

Signature

December 16, 1998

Date

Total number of pages including cover sheet, attachments, and document [12]

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

Commissioner of Patents &amp; Trademarks, Box Assignments

Washington D.C. 20231, U.S.A.

PATENT  
REEL: 9662 FRAME: 0386

# **ASSIGNMENT**

WHEREAS, **DAVID STOLLER**, deceased, is the recorded owner of Canadian Industrial Design Registration 71575 registered September 22, 1992 entitled "Twist Off Bottle Cap" and is also the recorded owner of United States Design Patent D351793 issued October 25, 1994 and entitled "Bottle Cap" (hereinafter referred to as the "design rights");


AND WHEREAS, **DAVID STOLLER**, deceased, died on the 6th day of September, 1996 as evidenced from the certified true copy of the Death Certificate which is attached hereto as Schedule "A" and that **CAROLE STOLLER**, Wife of David Stoller, was constituted and appointed as the Executor and Trustee as evidenced from the attached certified true copy of the Last Will & Testament of David Stoller dated the 18th day of September, 1990 which is attached hereto as Schedule "B";


AND WHEREAS **2115727 CANADA INC.**, a company incorporated under the laws of Canada and having a head office or principal place of business at 1188 Wellington Street, Ottawa, Ontario, Canada K1Y 2Z5 is desirous of acquiring from the Estate of David Stoller all of its rights, title and interest in Canada and in the United States of America, its territories and possessions, in and to the said design rights.

NOW WITNESSETH THAT in consideration of the sum of \$1.00 (One Dollar) and other good and valuable consideration, now paid by **2115727 CANADA INC.** to the Estate of David Stoller, the receipt and sufficiency of which is hereby expressly acknowledged, the Estate of David Stoller does hereby transfer, sell and assign both in Canada and in the United States of America, its territories and possessions, all of the Estate's right, title and interest in and to the said design rights to **2115727 CANADA INC.**

SIGNED at Ottawa, Ontario, Canada, this 3rd day of December 1998.

## **ESTATE OF DAVID STOLLER**

  
Witness

By:   
Name : Carole Stoller  
Title : Trustee and Executor  
of the Estate of  
David Stoller

**DECLARATION**I, *ROSE LENTIN.*

, whose full post office address is

*1236 WELLINGTON ST OTTAWA ON K1Y 3A4,* do hereby declare that I was personally present and did see **CAROLE STOLLER**, who is personally known to me to be the person named in the above Assignment, duly sign and execute the same.

SIGNED at

*OTTAWA*, this *3<sup>rd</sup>* day of *DECEMBER*,

1998.

  
\_\_\_\_\_  
Witness

CANADA	)	<b><i>To all whom these Presents</i></b>
<b><i>PROVINCE OF ONTARIO</i></b>	)	<b><i>may come, be seen or known</i></b>
To Wit	)	

***I, TREVOR C. KLOTZ, a Notary Public, in and for the Province of Ontario, by  
Royal Authority duly appointed, residing at the City of Ottawa, Regional Municipality of  
Ottawa-Carleton, in said Province,***

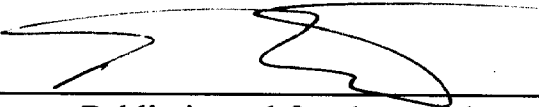
***Do Certify and Attest*** that the paper-writing hereto annexed is a true copy of a document  
produced and purporting to be a Proof of Death Certificate in the name of David Stoller  
issued by and having the Corporate Seal of Hulse, Playfair & McGarry Inc. impressed  
thereon,

dated the 6th day of September, 1996, the said copy having been compared by me with the  
said original document, an act whereof being requested I have granted under my Notarial  
Form and Seal of Office to serve and avail as occasion shall or may require.

***In Testimony Whereof*** I have hereto subscribed my name and affixed my Notarial Seal of  
Office at Ottawa, Canada

this 15th day of December, 1998.

(SEAL)

  
\_\_\_\_\_  
A Notary Public in and for the Province of Ontario

CANADA	)	<b><i>To all whom these Presents</i></b>
<b><i>PROVINCE OF ONTARIO</i></b>	)	<b><i>may come, be seen or known</i></b>
To Wit	)	

***I, TREVOR C. KLOTZ, a Notary Public, in and for the Province of Ontario, by  
Royal Authority duly appointed, residing at the City of Ottawa, Regional Municipality of  
Ottawa-Carleton, in said Province,***

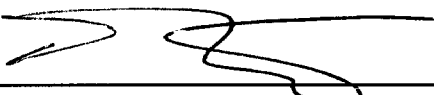
***Do Certify and Attest*** that the paper-writing hereto annexed is a true copy of a document  
produced and purporting to be The Last Will And Testament of David Stoller

dated the 18th day of September, 1990, the said copy having been compared by me with the  
said original document, an act whereof being requested I have granted under my Notarial  
Form and Seal of Office to serve and avail as occasion shall or may require.

***In Testimony Whereof*** I have hereto subscribed my name and affixed my Notarial Seal of  
Office at Ottawa, Canada

this 15th day of December, 1998.

(SEAL)

  
\_\_\_\_\_  
A Notary Public in and for the Province of Ontario

THIS IS THE LAST WILL AND TESTAMENT of me, DAVID STOLLER, of the City of Ottawa, in the Regional Municipality of Ottawa-Carleton and Province of Ontario.

1. I HEREBY REVOKE all former Wills and other testamentary dispositions made by me.

2. I NOMINATE, CONSTITUTE AND APPOINT, CAROLE STOLLER, MY WIFE, of the City of Ottawa, in the Regional Municipality of Ottawa-Carleton and province of Ontario, to be the Executor and Trustee of this my Will. I hereinafter refer to my Executor and Trustee, whether one or more, as my Trustee.

3. I GIVE, DEVISE AND BEQUEATH unto my Trustee the whole of my estate of every nature and kind whatsoever and wheresoever situate, including any property over which I may have a general power of appointment, upon the following trusts, namely:

(a) to sell, call in and convert into money all of my estate not consisting of money and which I have not specifically bequeathed at such time or times and upon such terms as my Trustee shall, in her discretion, decide upon:

(b) to pay all my debts, funeral and testamentary expenses:

REEL: 9662 FRAME: 0392

After the expiration of (10) years from the date of my death (hereinafter called the "division date"), my Trustee shall divide the residue of my estate in such number of equal shares as shall be necessary to carry out the following provisions and shall deal with such shares as follows:

- (i) My Trustee shall pay or transfer one of such equal shares to each child of mine alive at the division date for his or her own use absolutely on a per capita basis; and
- (ii) My Trustee shall pay or transfer one of such equal shares to my wife if alive at the division date for her own use absolutely.

Without in any way attempting to curtail the discretion given to my Trustee in paragraph 3(c) above, I wish to express my preference that, if at all reasonable, my Trustee endeavour to distribute the net income of the residue of my estate held in trust equally, on a per capita basis, to each of my wife and children alive at the time my Trustee determine it appropriate to make such payment of the net income.



After the expiration of (10) years from the date of my death (hereinafter called the "division date"), my Trustee shall divide the residue of my estate in such number of equal shares as shall be necessary to carry out the following provisions and shall deal with such shares as follows:

- (i) My Trustee shall pay or transfer one of such equal shares to each child of mine alive at the division date for his or her own use absolutely on a per capita basis; and
- (ii) My Trustee shall pay or transfer one of such equal shares to my wife if alive at the division date for her own use absolutely.

Without in any way attempting to curtail the discretion given to my Trustee in paragraph 3(c) above, I wish to express my preference that, if at all reasonable, my Trustee endeavour to distribute the net income of the residue of my estate held in trust equally, on a per capita basis, to each of my wife and children alive at the time my Trustee determine it appropriate to make such payment of the net income.

4. IN ORDER to carry out the provisions of this my Will, I give my Trustee the following powers:

- (a) to use her discretion in the realization of my estate with power to sell, call in and convert into money any part of my estate not consisting of money, at such time or times, in such manner and upon such terms, and either for cash or credit or for part cash and part credit as my Trustee may in her absolute discretion decide upon, or to postpone such conversion of my estate or any part or parts thereof for such length of time as she may think advisable.
- (b) to make advances or payments out of my estate generally, or to do any other act for the insurance, protection, repair and rebuilding of any assets thereof; it being my intention to provide the same powers in these respects as I would have had if I were alive for the administration of these assets but not to alter the benefits otherwise provided in this my Will;
- (c) without limiting in any way the general power and discretion herein given to my Trustee, I authorize her to retain any part of my estate in the form in which it may be at my death (notwithstanding that it may not be in the

form of an investment in which Trustee is authorized to invest trust funds) and whether or not there is a liability attached to any such part of my estate for such length of time as my Trustee in her absolute discretion deems advisable and my Trustee shall not be held responsible for any loss that may happen to my estate by reason of her so doing;

- (d) my Trustee when making investments for my estate is not limited to investments authorized by law for trustee but may make any investments in her uncontrolled discretion she consider advisable and my Trustee shall not be liable for any loss that may happen to my estate in connection with any such investments made by her in good faith.

IN WITNESS WHEREOF I have to this my last Will and Testament,  
written upon this and five (5) preceding pages of paper,  
subscribed my name this 18th day of September 1990. *JS*

SIGNED, PUBLISHED AND DECLARED )  
by the said Testator, )  
DAVID STOLLER, )  
as and for his last Will and )  
Testament in the presence of )  
us, both present at the same )  
time, who, at his request, in )  
his presence and in the presence )  
of each other, have hereunto )  
subscribed our names as witnesses.)

*David Stoller*  
\_\_\_\_\_  
DAVID STOLLER

Name *Quinn*

Name *Ruth Ingeman*

Address *1880 LECLAIR CRES.* Address *1845 BREKING RD.*  
*ORLEANS, ONT K1E-3R9* *HPT 115*  
*OTTAWA ONT K2C3K4*

Occupation *CUSTOMER SERVICE OFFICER.* Occupation *CUSTOMER SERVICE OFFICER*  
*TOR-DOM BANK.* *TOR-DOM. BANK.*

This WILL revokes any other WILL *JS*