

05-17-1999



101038363

ET

attached original documents or copy thereof:

1. Name of conveying party(ies):

David A. Odelson, executor for Robert B. Hespell
(DECEASED); Herbert A. Wyckoff; Bruce S. Dien and
Rodney J Bothast

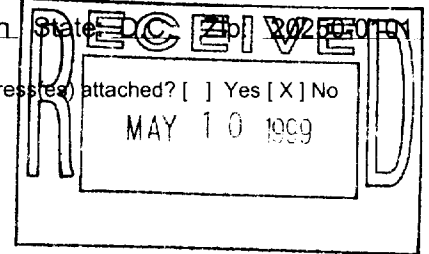
Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of Conveyance:

☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other Letters Testamentary

Execution Date: 12/08/1998, 01/08/1999, 01/06/1999
and 01/09/1999

Name: The United States of America, as represented
by the Secretary of Agriculture

City: Washington State: DC Zip: 20250Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s): 09/201,449

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

A. Patent Application No.(s)

P.C. 0174.96

Serial No. 09/201,449 - Filed 11/30/1998

B. Patent No.

Additional numbers attached? ☐ Yes ☒ No

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

Name: Randall E. Deck

Internal Address: USDA-ARS-OTT-National Center
for Agricultural Utilization Research

Street Address: 1815 N. University StreetCity: Peoria State: IL Zip: 61604

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☒ Previously charged to deposit account, copy of previous cover sheet showing charge is enclosed.

8. Deposit Account Number: _____

DO NOT USE THIS SPACE

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.

RANDALL E. DECK

Name of Person Signing

Signature

Date

Number of pages including cover sheet, attachments, and document [9]

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

Assistant Commissioner of Patents & Trademarks
Box ASSIGNMENTS
Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the U.S.
Postal Service envelope addressed to: Assistant Commissioner of Patents &
Trademarks, Washington, D.C. 20231 on

May 6, 1999
(Date of Deposit)

Randall E. Deck
Name of Depositor

Signature

Date of Signature

PATENT
REEL: 9943 FRAME: 0811

02-01-1999

HEET

To The Honorable Assistant C



he attached original documents or copy thereof:

1. Name of conveying party(ies):

100953519

id address of receiving party(ies)

Robert B. Hespell (DECEASED), Herbert A. Wyckoff,
Bruce S. Dien and Rodney J BothastName: The United States of America, as represented
by the Secretary of Agriculture

Additional name(s) of conveying party(ies) attached? [] Yes [X] No

3. Nature of Conveyance:

1-29-99

City: Washington State: D.C. Zip: 20250-0101

Additional name(s) & address(es) attached? [] Yes [X] No

☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other Letters TestamentaryExecution Date: 12/08/1998, 01/08/1999, 01/06/1999
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P.C. 0174.96

B. Patent No.

Serial No. 09/201,449 - Filed 11/30/1998

Additional numbers attached? [] Yes [X] No

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[] Enclosed

[X] Authorized to be charged to Deposit Account

8. Deposit Account Number: 01-0455

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40E

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RANDALL E. DECK
Name of Person Signing

Signature

Date

Number of pages including cover sheet, attachments, and document [2]

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

Assistant Commissioner of Patents & Trademarks
Box ASSIGNMENTS
Washington, D.C. 20231I hereby certify that this correspondence is being deposited with the U.S.
Postal Service envelope addressed to: Assistant Commissioner of Patents &
Trademarks, Washington, D.C. 20231 onJanuary 20, 1999
(Date of Deposit)Randall E. Deck
Name of Depositor

Signature

1/20/99
Date of Signature02/01/1999 JWR/KINS 00000011 010455
01 FC:501 40.00 CHPATENT
REEL: 9943 FRAME: 0812

ASSIGNMENT

WHEREAS, we, Robert B. Hespell (DECEASED), Herbert A. Wyckoff, Bruce S. Dien and
Rodney J Bothast
residing at 4006 North Brookridge Place, Peoria, Illinois 61614; 10444 Palace Court, Roscoe, Illinois 61073;
4056 West Hollow Creek Drive, Apt. 808, Peoria, Illinois 61615; 311 Indian Circle, East Peoria, Illinois 61611;
respectively

having invented an improvement in "Stabilization of PET Operon Plasmids and Ethanol Production in
Bacterial Strains Lacking Lactate Dehydrogenase and Pyruvate Formate Lyase Activities"
for which we have made application for Letters Patent of the United States, application number 09/201,449 filed
November 30, 1998 and further identified as Department of Agriculture Case No. 0174.96; and

WHEREAS, the United States patent rights in said invention are assignable to the United States by virtue
of our having made the invention while in the employ of the United States Department of Agriculture under
applicable law and regulations of the United States Department of Agriculture which render the patent rights so
assignable; and

WHEREAS, the United States, as represented by the Secretary of Agriculture, is desirous of acquiring an
assignment of said patent rights;

NOW, THEREFORE, in consideration of these premises, we hereby assign said patent rights to the United
States of America, as represented by the Secretary of Agriculture;

We further grant to the Government of the United States a nonexclusive, irrevocable, royalty-free license
in any patent which may issue on said invention in any foreign country, including the power to issue sublicenses for
use in behalf of the Government and/or in furtherance of the foreign policies of the Government.

Still further, we shall not employ such foreign patents to bar the sale or use, in any foreign country, of
materials which are manufactured or otherwise produced essentially in the United States. Rather, we shall grant
patent licenses therein, at reasonable terms, to permit such sale or use; Provided, that we shall not be compelled
to grant such licenses in any foreign country where said materials are staple articles or commodities of commerce
suitable for substantial use other than in infringement of such patents.



(signature) Robert B. Hespell (DECEASED)

DAVID A. WELSH
Attorney for Robert B. Hespell

1/9/99
(date)

(signature) Herbert A. Wyckoff

(date)

(signature) Bruce S. Dien

(date)

(signature) Rodney J. Bothast

(date)

ASSIGNMENT

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residing at 4006 North Brookridge Place, Peoria, Illinois 61614; 10444 Palace Court, Roscoe, Illinois 61073;
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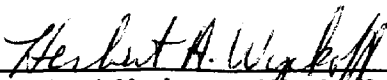
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to grant such licenses in any foreign country where said materials are staple articles or commodities of commerce
suitable for substantial use other than in infringement of such patents.

(signature) Robert B. Hespell (DECEASED)

(date)



(signature) Herbert A. Wyckoff

1-8-99

(date)

(signature) Bruce S. Dien

(date)

(signature) Rodney J. Bothast

(date)

ASSIGNMENT

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suitable for substantial use other than in infringement of such patents.

(signature) **Robert B. Hespell (DECEASED)**

(date)

(signature) **Herbert A. Wyckoff**

(date)



(signature) **Bruce S. Dien**

11/5/99

(date)



(signature) **Rodney J. Bothast**

1/6/99

(date)

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS,
PEORIA COUNTY

Estate of ROBERT B. HESPELL, Deceased

CASE NO. 98P 413

LETTERS TESTAMENTARY

In Probate August 13th A.D. 1998

The People of the State of Illinois, to all to whom these Presents shall come, Greeting:

KNOW YE That whereas ROBERT B. HESPELL
late of the County of Peoria and State of Illinois, died on or about the 1st day of
August, A.D. 1998, as it is said, after having duly made and
published his last Will and Testament, a copy whereof is hereunto annexed, leaving at
the time of his death, property, which may be lost, destroyed or diminished in value, if
speedy care be not taken of the same, and inasmuch as it appears that

DAVID A. ODELSON

has been appointed executor in and by the last Will and Testament, to execute the same:

AND to the end that the said property may be preserved for those who shall appear to have a
legal right or interest therein; and that said Will may be executed according to the request of
the said testator; we do hereby authorize him the said

DAVID A. ODELSON

as such executor, to collect and secure all and singular, the goods and chattels, right:
and credits which were of said ROBERT B. HESPELL

at the time of his decease, in whosoever hands or possession the
same may be found and well and truly to perform and fulfill all such duties as may be enjoined
upon him by the said Will so far as there shall be property, and the law charge him
and in general do and perform all other acts which now are or hereafter may be required of
him by law.

WITNESS, F.O. KENNY the Clerk
of said Court and the Seal thereof, at Peoria,
Illinois, this 13th day of August,
A.D. 1998.

F. O. Kenny Clerk.
By Wally Custer Deputy.



Misc. Rec. Page

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS

Peoria County

98P 413

I, REGINA M. SPEARS, Clerk of the Circuit Court, in and for said County of Peoria and State of Illinois, and the Keeper of Records and Seal of said Court, do hereby certify that I have compared the foregoing copy of LETTERS TESTAMENTARY in the Matter of the Estate of ROBERT B. HESPELL, Deceased; and I certify that the Executor is still acting in his official capacity as such on this date,

with the original record and files thereof remaining in my office, and I have found the same to be correct transcript therefrom, and the whole of such original record and files.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and the official seal, at
Peoria this 8th day of December A.D.
19⁹⁸

Regina M. Spears
Clerk of the Circuit Court
By Lenore Wisner
Deputy

MEDICAL CERTIFICATE OF DEATH

Type or Print in
PERMANENT INK
See Funeral Directors,
Hospital, or Physicians
Handbook for
INSTRUCTIONS

A.

DECEASED

B.

C.

D.

E.

PARENTS

1.

2.

3.

CAUSE

4.

5.

N.

P.

CERTIFIER

DISPOSITION

REGISTRATION
DISTRICT NO. 42.0
REGISTERED
NUMBER 1506

DECEASED- NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Robert Bruce Hespell</u>		2. <u>Male</u>	3. <u>August 1, 1998</u>
COUNTY OF DEATH	AGE- LAST UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>Peoria</u>	5a. <u>55</u> 5b. <u>55</u> 5c. <u>55</u> 5d. <u>December 25, 1942</u>		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR INSTITUTION- NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
6a. <u>Peoria</u>	6b. <u>Proctor Hospital</u>		8c. <u>Inpatient</u>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. <u>Wilmington, DE.</u>	8a. <u>Never Married</u>	8b. <u></u>	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. <u>173-34-7400</u>	11a. <u>Micro-Biologist</u>	11b. <u>Agricultural</u>	12. <u>Elementary/Secondary (0-12) College (1-4 or 5+) 5+</u>
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY LIMITS (YES/NO)	COUNTY
13a. <u>4006 North Brookridge Place</u>	13b. <u>Peoria</u>	13c. <u>Yes</u>	13d. <u>Peoria</u>
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. <u>Illinois</u>	13f. <u>61614</u>	14a. <u>White</u>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER - NAME FIRST MIDDLE LAST	MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST		
15. <u>Frank Hespell</u>	16. <u>Helen D. Markley</u>		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. <u>Richard N. Hespell</u>		17b. <u>Brother</u>	17c. <u>119 Willow Lane Warrington, Pennsylvania 18976</u>
18. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)			
(a) <u>Respiratory Failure</u>			<u>Hours</u>
DUE TO, OR AS A CONSEQUENCE OF			
(b) <u>Chronic Obstr Lung Dis</u>			<u>Years</u>
DUE TO, OR AS A CONSEQUENCE OF			
(c) <u></u>			
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
AUTOPSY (YES/NO)			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. <u>No</u>			19b. <u>No</u>
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. <u></u>	20b. <u></u>		20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH
21a. <u>8-1-98</u>	21b. <u>Yes</u>		21c. <u>1:44 P. M.</u>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			DATE SIGNED (MONTH, DAY, YEAR)
22b. SIGNATURE <u>Bernard G Taylor</u>			22b. <u>8/5/98</u>
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER
22c. <u>Bernard G Taylor 5401 W. Knoxville</u>			22d. <u>036058087</u>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. <u>D. W. Hespell Carter</u>			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION CITY OR TOWN	STATE DATE (MONTH, DAY, YEAR)
24a. <u>Burial</u>	24b. <u>Whitemarsh Mem. Park</u>	24c. <u>Horsham Twp. Pennsylvania</u>	24d. <u>08/07/1998</u>
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP
25a. <u>Central Illinois Mortuary Services, Ltd., 1800 N. Knoxville, Peoria, Illinois</u>	61603		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <u>Ralph F. Koonce</u>		25c. <u>034-014274</u>	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <u>John J. Carlson, Alice J. Mills</u>		26b. <u>Aug 5, 1998</u>	

VR200 (REV 5/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the above named, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE

AUG 05 1998

SIGNED

[Signature]

AT

PEORIA

Illinois

OFFICIAL TITLE

DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County Clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certificate of a birth record by the Department of Public Health or the local registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

PATENT

RECORDED: 01/29/1999

REEL: 9943 FRAME: 0818