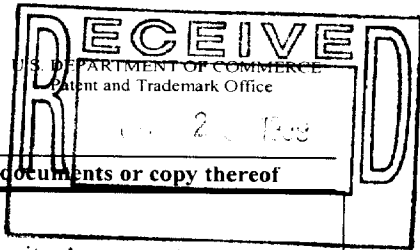


07-30-1999



101105177



COVER SHEET
ONLY

Record the attached original documents or copy thereof

MRD 7-23-99

To the Honorable Comm.

1. Submission Type:

New

Resubmission (Non-Recordation)
Document ID# _____

Correction of PTO Error
Reel # _____ Frame # _____

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Reel # _____ Frame # _____

Data Element in Question: _____

2. Conveyance Type:

Assignment Security Agreement

License Change of Name

Merger Other _____

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Departmental File Secret File

Total No. of pages of conveyance document including attachments _____

4. Name of conveying party(ies):

¹Feiring, Andrew Edward
²Lin, Lois Lo-I
³Minor, Barbara Haviland
⁴Shealy, Glenn Scott
⁵Spauschus, Hans O.* (Deceased)

***Signed by Ann Hosley Spauschus, Executrix of the Estate of Hans O. Spauschus**

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

Execution Date: ¹07/07/1999 ²07/07/1999
³06/25/1999 ⁴07/07/1999
⁵06/19/1999

5. Name and address of receiving party(ies):

**E. I. DU PONT DE NEMOURS AND COMPANY
LEGAL PATENTS
1007 MARKET STREET
WILMINGTON, DELAWARE 19898**

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

5. 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): **09/231847**
Docket No.: **FL-1055**

B. Patent No.(s): _____

Additional numbers attached: Yes No

6. Correspondent Name & Address:

**MARK A. EDWARDS
E. I. DU PONT DE NEMOURS AND COMPANY
LEGAL-PATENTS
1007 MARKET STREET
WILMINGTON, DELAWARE 19898**

7. Total number of applications and patents involved: 1

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

Enclosed (Check No.: _____)

Authorized to be charged to deposit account

9. Deposit account number: 04-1928
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

10. 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.

JANE E. CLARK
SENIOR LEGAL CLERK

Jane E. Clark Signature 7/19/1999 Date

07/23/1999 DNGUYEN 00000377 041928 09231847

01 FC:581 40.00 CH

Total number of pages comprising cover sheet: One (1)

ASSIGNMENT

We, the undersigned **ANDREW EDWARD FEIRING, LOIS LO-I LIN, BARBARA HAVILAND MINOR, GLENN SCOTT SHEALY and HANS O. SPAUSCHUS** Hereby declare that

We are the true and first inventors of an invention relating to
HALOGENATED HYDROCARBON REFRIGERANT COMPOSITIONS CONTAINING POLYMERIC OIL-RETURN AGENTS

which is disclosed in an application for Letters Patent in the United States of America, executed the day of _____, 19 (Case No. **FL-1055**); and, for valuable consideration, the receipt and adequacy of which is hereby acknowledged and in fulfillment of our pre-existing obligation of assignment, we hereby sell, assign, and transfer unto **E. I. du Pont de Nemours and Company**, a corporation organized and existing under the laws of the State of Delaware in the United States of America and having its principal place of business at Wilmington, Delaware, hereinafter referred to as the assignee, the entire right, title, and interest in and to the aforesaid application for Letters Patent, including any priority rights derived from the aforesaid application for Letters Patent by virtue of the International Convention for the Protection of Industrial Property and any other treaty or understanding for intellectual property for any and all member countries of the aforesaid International Convention or other treaty or understanding, and the entire right, title and interest in and to any and all our inventions, whether joint or sole, disclosed in the aforesaid application for Letters Patent, and in and to any and all applications for Letters Patent for any such inventions in any country whatsoever, and in and to any and all patents for any such inventions in any country whatsoever, with the sole right to file such applications in its name or ours, including the sole right to file such applications under the aforesaid International Convention or other treaty or understanding, together with the sole right to have said patents granted in its name or ours and to enforce said patents and to sue for and recover profits and damages for any and all infringements thereof, and hereby agree, whenever requested, to communicate to said assignee, its successors, assigns, and legal representatives, any facts known to us respecting said inventions, to testify in any legal proceeding, to execute all applications, papers or instruments necessary or required by said assignee, its successors, assigns and legal representatives to carry into effect any of the provisions of this instrument, and generally to do everything possible to aid said assignee, its successors, assigns, and legal representatives to obtain and enforce proper patent protection for said inventions in any and all countries. We further authorize our attorney/patent agent to insert below* the application number and filing date of the aforesaid United States application now identified as Case No. **FL-1055** after the same shall have been made known to him/her by the United States Patent Office.

Andrew Edward Feiring (L.S.)
ANDREW EDWARD FEIRING

DATE: July 7, 1999

Barbara Haviland Minor (L.S.)
BARBARA HAVILAND MINOR

DATE: 6/25/99

Lois Lo-i Lin (L.S.)
LOIS LO-I LIN

DATE: 7/7/99

Glenn Scott Shealy (L.S.)
GLENN SCOTT SHEALY

DATE: 7/7/99

HANS O. SPAUSCHUS (Deceased)

By: Ann Hosley Spauschus (L.S.)
Executrix of the Estate of Hans O. Spauschus

Printed Name: ANN HOSLEY SPAUSCHUS

DATE: 6-29-99

*The application referred to above as Case No. **FL-1055** was filed in the United States Patent Office on **January 14, 1999** **, and was given Application No. 09/231,847.
This insertion made by me this 8th day of July, 19 99.

Mark A. Edwards
MARK A. EDWARDS
ATTORNEY/PATENT AGENT FOR APPLICANTS
Registration No.: 39,542
Telephone: 302-992-5909
Facsimile: 302-892-0699

** The correct filing date is January 15, 1999. Applicant has filed a Request for Corrected Filing Receipt dated March 29, 1999.

(1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CASUALTY? (2) WAS THE DECEASED IN APPARENT GOOD HEALTH? (3) WAS THE DECEASED UNATTENDED BY A PHYSICIAN; OR (4) WAS ANY SUSPICIOUS OR UNUSUAL MANNER ASSOCIATED WITH THIS DEATH? YES NO IF "YES" TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

CERTIFICATE OF DEATH/STATE OF GEORGIA

Local File Number: **990495** State File Number: _____

DECEASED

1a. **Hans Otto Spauschus** IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME: _____ SEX: **2 Male** DATE OF DEATH (Mo., Day, Year): **3 April 4, 1999**

RACE (White, Black, Amer. Indian, etc.): **4 White** ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.): **5 German** DATE OF BIRTH (Mo., Day, Year): **6 Jun 15, 1923** AGE-Last Birthday (Years): **7a. 75** UNDER 1 YEAR: _____ UNDER 1 DAY: _____ COUNTY OF DEATH: **8a. Clayton**

CITY, TOWN or LOCATION OF DEATH: **8b. Jonesboro** HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and No.): **8c. 2909 Players Dr. (Hospice)** IF HOSPITAL OR INST. (Indicate DOA, OPWEMER, Rm., Apartment) (Specify): _____

9a. **East Prussia** 10a. **USA** 11. **Married** SPOUSE (if married or widowed, give spouse's name - if wife, give maiden name): **12 Ann Elston Hosley** WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): **13. No**

SOCIAL SECURITY NUMBER: **14 340-14-0970** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **15a. Scientific Consulting** KIND OF INDUSTRY OR BUSINESS: **15b. Heating & Air**

RESIDENCE - STATE: **16a. GA** COUNTY: **16b. Clayton** CITY, TOWN or LOCATION: **16c. Jonesboro** STREET AND NUMBER: **16d. 2909 Players Dr.** INSIDE CITY LIMITS? (Yes or No): **16e. NO**

PARENTS

FATHER'S NAME: **17. Otto Spauschus** MOTHER'S MAIDEN NAME: **18. Rosa Zurcher**

INFORMANT

19a. **Ann Elston Spauschus** MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): **19b. 2909 Players Dr. Jonesboro, GA 30236** RELATIONSHIP: **19c. Wife**

DISPOSITION

BURIAL, CREMATION, REMOVAL (Specify): **20a. Cremation** DISPOSITION DATE (Mo., Day, Year): **20b. Apr 4, 1999** CEMETERY OR CREMATORY NAME: **20c. Cremation Society of GA** LOCATION (City or Town, State, Zip, County): **20d. Atlanta, GA 30377**

PLURAL DIRECTOR (Signature): **21a. Howell T. Scott** FURN. DIR. LICENSE NO.: **21b. 4418** NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): **21c. Cremation Society of Georgia, 1826 Marietta Blvd. N.W. Atlanta, GA 30377** EST. LICENSE NO.: **21d. 1448**

EMBALMER (Signature): _____ EMBALMER LICENSE NO.: _____

21e. **None** 21c. **Atlanta, GA 30377**

CAUSE OF DEATH

23. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)

A. **Respiratory Arrest** Approximate interval between onset and death: _____

B. **Gastric Cancer** Approximate interval between onset and death: _____

C. _____ Approximate interval between onset and death: _____

24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.)

25a. **NO** 25b. _____

26a. **NO** 26b. **N/A** 26c. **N/A**

27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify): _____ DATE OF INJURY (Mo., Day, Year): _____ DESCRIBE HOW INJURY OCCURRED: _____ HOUR OF INJURY: _____

28a. _____ 28b. _____ 28c. **M**

28d. _____ 28e. _____ 28f. _____

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title): **Dr. G. Sidhu MD**

DATE SIGNED (Mo., Day, Year): **4/4/99** HOUR OF DEATH: **2:30 P M**

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): _____

DATE SIGNED (Mo., Day, Year): _____ HOUR OF DEATH: _____

30b. DATE PRONOUNCED DEAD (Mo., Day, Year): _____ HOUR PRONOUNCED DEAD: _____

30c. **M** 30d. **ON** 30e. **AT**

CERTIFIER

NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): **31a. Dr. G. Sidhu MD** PHYS. LIC. NO.: **035275** ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): **31b. 29 S.W. Upper Riverdale Rd. # 220 Riverdale, GA 30274**

REGISTRAR

REGISTRAR (Signature): **Cathy Moore** DATE RECEIVED BY REGISTRAR (Mo., Day, Year): **April 26 1999**

Form 3803 (Rev. 9-91) GEORGIA DEPARTMENT OF HUMAN RESOURCES VITAL RECORDS SERVICE DO NOT FOLD THIS CERTIFICATE

CERTIFICATE OF RECORD

This is an exact copy of the death certificate, received for filing in **CLAYTON COUNTY, GEORGIA.**

Eugene E. Lawson, Judge
Local Custodian of Vital Records
for Clayton County

By: **Cathy Moore**
Local Custodian's Office
Date: _____

Void without original signature and impressed seal or if altered or copied.

STATE OF GEORGIA
COUNTY OF CLAYTON

LETTERS TESTAMENTARY
(Relieved of Filing Returns)

By EUGENE E. LAWSON, Judge of the Probate Court of said County.

KNOW ALL WHOM IT MAY CONCERN:

That on the 14 day of APRIL, 1999, at a regular term of the Probate Court, the last Will and Testament dated DECEMBER 6, 1994, of HANS OTTO SPAUSCHUS, deceased, at the time of his death a resident of said County, was legally proven in solemn form and was admitted to record by order, and it was further ordered that ANN HOSLEY SPAUSCHUS named as Executor(s) in said Will, be allowed to qualify, and that upon so doing, Letters Testamentary be issued to such Executor(s).

NOW, THEREFORE, the said ANN HOSLEY SPAUSCHUS, having taken the oath of office and complied with all the necessary prerequisites of the law, is/are legally authorized to discharge all the duties and exercise all the powers of Executor(s) under the Will of said deceased, according to the Will and the law.

Given under my hand and official seal, the 15 day of APRIL, 1999



Judge of the Probate Court

NOTE: The following must be signed if the judge does not sign the original of this document:


Issued by: Carolyn H. Wynn (Seal)
Clerk, Probate Court

BOOK **0231** PAGE **347**

CERTIFICATION OF COPY
(Not Valid Unless Raised Court Seal Is Affixed)

This document, consisting of one page(s), is hereby certified to be a TRUE COPY of original document(s) on file in the Probate Court of Clayton County, Georgia. In Witness Whereof I have hereto set my official signature and affixed the Seal of Probate Court, at the County and State aforesaid.

This 15th day of April, 1999.



CLERK, PROBATE COURT
CLAYTON COUNTY, GEORGIA