

09-22-1999

PATENT/Docket No.: 6172.N CP

PATENTS ONLY

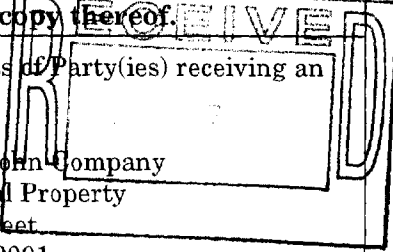


PATENTS ONLY

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ents & Trademarks:

Please record the attached original document or copy thereof.



1. Name of Party(ies) conveying an interest:  
Robert L. Heinrikson  
Alfredo G. Tomasselli  
Kenneth A. Koepfinger

MD  
9-17-99

2. Name and address of Party(ies) receiving an interest:

Pharmacia & Upjohn Company  
Global Intellectual Property  
301 Henrietta Street  
Kalamazoo, MI 49001

3. Description of the interest conveyed:

Assignment  Merger  
 Security Agmt  Change of Name  
 Other

Execution Date: September 13, 1999

4. Application number(s) or patent number(s). Additional sheet attached  Yes  No  
If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_ date

A. Patent Application No.(s)  
09/360,017, filed July 23, 1999

B. Patent No.(s)

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

Julie Lyons, Legal Assistant  
Pharmacia & Upjohn, 0228-32-LAW  
Global Intellectual Property  
301 Henrietta Street  
Kalamazoo, Michigan 49001-0199

6. Number of applications and patents involved:

One

7. Amount of fee enclosed or authorized to be charged:  
\$40.00

8. Deposit account number: 21-0718

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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.

Julie Lyons  
Signature

Julie Lyons, Legal Assistant  
Name of Person Signing

Date: September 14, 1999

**ASSIGNMENT**

**Title:** Method for Authoactivation of Procaspase 8  
**Inventors:** Robert L. Heinrikson, Alfredo G. Tomasselli, Kenneth A. Koeplinger  
**Serial No.:** 09/360,017 **Filing Date:** July 23, 1999  
**Docket No.** 6172.N CP **Country:** US  
**Execution Date of Application:**

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto PHARMACIA & UPJOHN COMPANY, a corporation of the State of Delaware having a place of business at Kalamazoo, Michigan, its successors and assigns, my entire interest in and the full and exclusive right to the INVENTIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to PHARMACIA & UPJOHN COMPANY, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to PHARMACIA & UPJOHN COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to PHARMACIA & UPJOHN COMPANY; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world.

FULL NAME OF FIRST/SOLE INVENTOR: Robert Leroy Henrikson

Signature of Inventor:

*Robert L. Henrikson*

Address: 81 South Lake Doster Drive, Plainwell, Michigan 49080

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On 13 September 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

*Kathryn Adamson*  
Notary Public  
KATHRYN ADAMSON  
Notary Public, Kalamazoo County, MI  
My Commission Expires 12-16-2002

FULL NAME OF SECOND/JOINT INVENTOR: Alfredo Giuseppe Tomasselli

Signature of Inventor:

*Alfredo Giuseppe Tomasselli*

Address: 2503 Cuttysark Drive, Kalamazoo, Michigan 49009

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On 10 September 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

SEAL

*Kathryn Adamson*  
Notary Public  
KATHRYN ADAMSON  
Notary Public, Kalamazoo County, MI  
My Commission Expires 12-16-2002

FULL NAME OF THIRD/JOINT INVENTOR: Kenneth A. Koeplinger

Signature of Inventor: Kenneth A. Koeplinger

Address: 5326 Burning Tree Road, Kalamazoo, Michigan 49009

STATE OF MICHIGAN  
COUNTY OF KALAMAZOO

On 10 September 1999, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.

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KATHRYN ADAMSON  
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