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3-19-11	RECORD	ATION FORM COV PATENTS ONL		
	er of Patents and Trademar	ks: Please record the a	ttached original docum	ent(s) or copy(ies).
Submission Type)	Conveyance Typ	e Security Agreer	mant D
	Non-Recordation)		Change of Nam	
Correction of P		Merger	Other	
Reel # Corrective Docu	Frame #		U.S. Government	00
Reel #	Frame #		artmental File	Secret File,
Conveying Party	(ies)	Mark if additional r	names of conveying parties	s attached Execution Date Month Day Year
Name (line 1) St	acy M. McKibben-F	rusetta, Execu	tor of the	2-23-01
Name (Ane #) Es	tate of David P.	McKibben, Dece	ased	Execution Date
Second Party				Month Day Year
Name (line 2)				
Receiving Party		Ma	rk if additional names of re	aceiving parties attached
Name (line 1)	Stacy M. Frusett	a		If document to be record is an assignment and th
Name (line 2)				receiving party is not domiciled in the United
\ddress (iine 1)	1020 Powell Stre	~	······	States, an appointment of a domestic representative is attache
· · · · · · · · · · · · · · · · · · ·	IUZU POWEII STR	:el		(Designation must be a separate document from
Address (line 2)				Assignment.)
Address (line 3) Ho	llister	California US State/Country	A 95023	
Domestic Repres	sentative Name and A	ddroee	or the first Receiving Party	
Name	·	***	****	······································
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FORM PTO Expires 06/30/99 OMB 0651-0027	-1619B	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT			
Corresponde	ent Name and Address	Area Code and Telephone Number	831-636-8549			
Name [Stacy M. Frusett	a				
Address (line 1)	1020 Powell Stre	et				
Address (line 2)	Hollister, Calif	ornia 95023				
Address (line 3)						
Address (line 4)						
Pages	Enter the total number of parincluding any attachments.	ges of the attached conveyance docun	nent #			
	Number(s) or Patent Num		additional numbers attached			
		atent Number (DO NOT ENTER BOTH numbers Daten	for the same property). t Number(s)			
	ent Application Number(s)	4605071				
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			ion was Month Day Year			
If this document is signed by the firs	s being filed together with a <u>new.</u> Pate t named executing inventor.	nt Application, enter the date the patent applicati				
-	eration Treaty (PCT)	PCT PCT	PCT			
	r PCT application number if a U.S. Application Number		РСТ			
	not been assigned.					
Number of Properties Enter the total number of properties involved. #						
Fee Amount	Fee Amount	for Properties Listed (37 CFR 3.41): \$	\$ 40.00			
	of Payment: Enclo Account	osed X Deposit Account				
(Enter for	payment by deposit account or if add	itional fees can be charged to the account.) Deposit Account Number:	#			
	I	Authorization to charge additional fees:	Yes No			
Statement a	nd Signature					
attach	ed copy is a true copy of the c	elief, the foregoing information is true of priginal document. Charges to deposit	and correct and any t account are authorized, as			
indical	ted herein. Tacy Zrusetta		3/12/01			
Name	of Person Signing	Signature	Date			

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U.S.F the Paperwork Reduction Act of 1995, no persons are required to respond to a co ASSIGNMENT OF PATENT	Docket Number (optional
Whereas, I, David P. Mckibben of 1020	Powell St., hereinafter
Holli eferred to as patentee, did obtain a United States Patent for	ster, Ca 95023
-	-
Therapeutic	Horseshoe
No. 4605071 , dated August 12, 1986	$_{\rm c}$; and whereas, I am now the sole
wner of said patent, and,	
Whereas, Stacy M. Frusetta	
of <u>United States</u>	
nereinafter referred to as "assignee" whose mailing address	
	Colifornia
City of Hollister, and State o	
is desirous of acquiring the entire right, title and interest in	h the same;
Now, therefore, in consideration of the sum of 1.00 c	dollars (\$), the receipt whereof
is acknowledged, and other good and valuable consideration	on, I, the patentee, by these presents
do sell, assign and transfer unto said assignce the entire rig	ght, title and interest in and to the said
Patent aforesaid; the same to be held and enjoyed by	the said assignee for his own use and
behoof, and for his legal representatives and assigns, to t	the full end of the term for which said
Patent is granted, as fully and entirely as the same v	would have been held by me had this
assignment and sale not been made.	
Executed this Friday day of 23	Feburary on 01
at 1020 Powell Street Holl	ister, ca 95023
A.	Tacy Krusette Daughter
- Fr	David genation Chilber
State of) County of) SS:	peclasia.
Before me personally appeared said	d doed this day
and acknowledged the foregoing instrument to be his free act and of, 20	d deed mits day
Seal	(Notary Public)
Seal our Statement: This form is estimated to take 0.1 hours to complete. Time will	

	0/ MCKTBBEN
DAVIU P.	MCKIBBEN
, DAVID P. MCKIBBEN	, a resident of
	County, State of CALIFORNIA
declare this to be my LAST WILL AND TESTAMENT	:
FIRST: I hereby revoke all prior wills or codicils	made by me.
SECOND: Lappoint MY DAUGHTER, STAC	CY M. MCKIBBEN
	If for any reason
	is unable to serve or shall fail to qualify or
cease to act as my executor_, I appoint <u>MY BRC</u>	DTHER, HARVEY J. MCKIBBEN
as a	alternate executor of my estate to serve without bond.
THIRD: I declare that I am not m	arried. I have one daughter:
Stacy M. FRUSETTA	1020 Powell St. Hollister, CA
-	
FOURTH. I leave my entire estate	e to my daughter, Stacy M. Frusetta.
My estate should include	
a. My plastic horseshoe	
_	sh Prize), tack, and horse trailor
c. My tools and equipmen	
d. Any other assets that	
	survive me, I leave my property
to my Grandchildren:	
Cody J. Frusetta	
Shelby L. Frusetta	
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IN WITNESS WHEREOF	I sign my name to this WI	I this 25th	day of July	, 199	ß
at Hollister, Calif			the off		<u> </u>
		(h,:/)t	a Me	A//	
	<i>D</i> =	ung y		and	<u> </u>
DAVID P. MCKIBBE declared the above and for and for his/her Last Will and	aning instrument consisti	na of	1 a \aaaaa	igned, published this one included	~~
and for his/her Last Will and we have, in the presence o this time <u>DAVID P. Mo</u>	d Testament in the presence of each other hereunto set	ce of us, and bein our hands as att	ng personally presting witnesse	esent, requested, s. We certify the	and at at
this time DAVID P. MC declares to be of legal age a	and not a beneficiary of this	sound and dispos s will,	ing mind and m	emory. Each witr	ness
	ty of perjury under the laws	; of the State of <u>C</u>	<u>Californita</u> a	t the foregoing is	true
and correct.	T ue 1	1000			
Executed this 250 Hay	, of July				·
		Silbut	· E Ine	TNESS	
			SIGNATURE OF W	ITNESS	
residing at 1020 Powel	li St. Hollister,	California	1	. 1	~ ·
		and	5V.M.	and B.	
			SIGNATURE OF W	ATNESS	
residing at 8195 #2 Pa	arrish Way Gilroy	, Californi			
		119	Mal	•	
			SIGNATURE OF W	VITNESS	
residing at <u>1371 Line</u>			<u></u>		
	Page <u>2</u>	_ of <u>2</u>			
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