

05-31-2001



101731733

FORM PTO-1595

(Rev. 6-93)

OMB No. 0651-0011 (exp. 4.94)

Case 5681

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Tony Kyle Rowley, R. Scott Harvey and Harvey Joseph Richards (deceased)
Additional name(s) on conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving Party(ies)
Name: Ashland Inc.

Internal Address:
Street Address: 50 E. RiverCenter Blvd.
Covington, KY 41012-0391
Additional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of Conveyance:

☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: April 25, 2001 and May 8, 2001

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)
Appln No.: 09/597,188

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Martin Connaughton
Internal Address: Ashland Inc.
Law Department
P. O. Box 2219
Columbus, OH 43216

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

8. Deposit account number: 01-2530
(Attach duplicate copy of this page if paying by deposit account)

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.

Martha L. Blevins
Name of Person Signing

Martha L. Blevins
Signature

5-22-01
Date

Total number of pages including cover sheet, attachments, and documents: 9

Mail documents to be recorded with required cover sheet information to:
Assistant Commissioner of Patents & Trademarks, Box Assignments

05/30/2001 DBYRNE 00000119 012530 09597188

01 FC:581 40.00 CH

PATENT
REEL: 011894 FRAME: 0523

ASSIGNMENT

FOR GOOD AND VALUABLE CONSIDERATIONS, We, Tony Kyle Rowley of Piqua, Ohio and Raymond Scott Harvey, of Worthington, Ohio do hereby sell, assign and transfer unto Ashland Inc., a corporation organized under the laws of the Commonwealth of Kentucky, and having an office at 50 E. RiverCenter Blvd., Covington, KY 41012-0391 U.S.A., herein sometimes called "ASSIGNEE", the entire right, title and interest in and to our invention for PLASTICIZER RESISTANT LATEX EMULSION PRESSURE SENSITIVE ADHESIVE AND ITS PRODUCTION as described and/or claimed in our application for Letters Patent of the United States of America, Serial No. 09/597,188 filed June 20, 2000, and as described and/or claimed in any and all applications for Letters Patent of all foreign countries together with all Letters Patent issuing on any of the aforesaid applications for Letters Patent, the same to be held and enjoyed by ASSIGNEE, its successors, assigns or other legal representatives, to the full ends of the terms of all said Letters Patent therefor which may be granted.

AND WE HEREBY AUTHORIZE ASSIGNEE to make applications for and to receive Letters Patent for said invention in any of said countries in its own name, or in my name, at its election, and to claim any and all priority rights as may exist.

AND WE HEREBY COVENANT AND AGREE that we will execute or procure any further necessary assurance of the title to said invention and any Letters Patent which may issue therefor and that we will, at any time, upon request and at the expense of ASSIGNEE deliver any testimony in any legal proceedings and execute all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patent which may be granted therefor in ASSIGNEE, its successors, assigns, or other legal representatives, and that we will at any time, upon the request and at the expense of ASSIGNEE execute any continuations, continuations-in-part, divisionals, or any other additional applications of Letters Patent for said invention or any part or parts thereof, all of which applications and any Letters Patent issuing thereon are hereby assigned to ASSIGNEE, and will make all rightful oaths, and do all lawful acts requisite for procuring the same therein, without further compensation, but at the expense of ASSIGNEE, its successors, assigns or other representatives.

AND WE HEREBY AUTHORIZE AND REQUEST the Commissioner of Patents to issue any and all Letters Patent of the United States for said invention, resulting from any of the aforesaid applications to said ASSIGNEE.

WITNESS our hands and seals this 8 day of May,
2001.

Tony Kyle Rowley L.S.
Raymond Scott Harvey L.S.

ACKNOWLEDGEMENT

State of Ohio) ss:
County of Franklin)

On this 8th day of May, 2001, personally
appeared before me Tony Kyle Rowley and Raymond Scott Harvey and
to me known, and known by me to be the same persons described in
and who executed the foregoing instrument, and acknowledged that
they executed the same, of their own free will and for the
purposes set forth.

Martha Lynn Blevins
Notary Public

MARTHA LYNN BLEVINS, Notary Public
STATE OF OHIO
Registered in Franklin County
My Commission Expires June 3, 2003

Practitioner's Docket No. 5681**PATENT**

For: ☐ U.S. and/or ☐ Foreign Rights
For: ☒ U.S. Application or
☐ U.S. Provisional Application
For: ☐ U.S. Patent
For: ☐ PCT Application
By: ☐ Administrator(trix) ☐ Executor(trix)
☒ Legal Representative(s)

**ASSIGNMENT OF INVENTION
BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE(S)**

In consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

ASSIGNOR:

By administrator(trix), executor(trix)
or legal representative of inventor
or person who owns the invention

Corlyss J. Richards
(type or print name(s) of administrator(trix),
executor(trix) or legal representative(s))

HARVEY J. RICHARDS

Inventor or person on whose behalf above person(s) are signing
2210 Bristol Road, Columbus, Ohio 43221-1204

Address(es) of person(s) signing

United States of America

Nationality(ies) of person(s) signing

(if assignment is on behalf of person to whom invention was previously assigned
and this was recorded in PTO, add the following)

Recorded on _____ Reel _____
Frame _____

hereby sells, assigns and transfers to

ASSIGNEE:

ASHLAND INC.
(type or print name of Assignee(s))
50 RiverCenter Blvd.
Address
Covington, Kentucky 41012-0391
USA - Commonwealth of Kentucky
Nationality

and the successors, assigns and legal representatives of the ASSIGNEE

(Assignment of Invention—Administrator(trix), Executor(trix) or Legal Representative(s) [16-3.1]—page 1 of 3)

(complete one of the following)

☒ the entire right, title and interest

☐ an undivided _____ percent (_____%) interest

for the United States and its territorial possessions

(check the following box, if foreign rights are also to be assigned)

☒ and in all foreign countries, including all rights to claim priority,

in and to any and all improvements which are disclosed in the invention entitled:
PLASTICIZER RESISTANT LATEX EMULSION PRESSURE SENSITIVE ADHESIVE AND ITS PRODUCTION

Name of inventor(s) Tony Kyle Rowley; Raymond Scott Harvey;
Harvey J. Richards

(check and complete (a), (b), (c), (d), (e), (f), or (g))

and which is found in (37 C.F.R. § 3.21)

- (a) ☐ U.S. patent application executed on even date herewith
(b) ☒ U.S. patent application executed on August 22 and August 24, 2000
(c) ☐ U.S. provisional application naming the above inventor(s) for the above-entitled invention

☐ Express mail label no.: _____

Mailed: _____

- ☐ To comply with 37 C.F.R. § 3.21 for recordal of this assignment, I, an ASSIGNOR signing below, hereby authorize and request my attorney to insert below the filing date and application number when they become known.
(d) ☐ U.S. application no. _____ / _____ filed on _____
(e) ☐ International application no. PCT/ _____ / _____ filed on _____
(f) ☐ U.S. patent no. _____ issued _____
☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.

(also check (g), if foreign application(s) is(are) also being assigned)

- (g) ☒ and any legal equivalent thereof in a foreign country, including the right to claim priority

and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment.

(Assignment of Invention—Administrator(trix), Executor(trix) or Legal Representative(s) [16-3.1]—page 2 of 3)

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

PROOF OF AUTHORITY to act on behalf of the deceased/incapacitated inventor is submitted herewith.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal this 25th day of April 2001
Date of signing

WARNING: The date of signing must be the same as the date of execution of the application, if item (a) was checked above.

Date: 25 Apr 2001

Corliss J. Richards

(Signature of administrator(trix), executor(trix), or legal representative(s))

Date: _____

Date: _____

NOTE: No witnessing, notarization or legalization is necessary. If the assignment is notarized or legalized, then it will only be prima facie evidence of execution. 35 U.S.C. § 26T. Use next page if notarization is desired.

☐ Notarization or Legalization Page Added.

(Assignment of Invention—Administrator(trix), Executor(trix) or Legal Representative(s) [16-3.1]—page 3 of 3)

AFFIDAVIT OF SURVIVING TRUSTEE

Corlyss J. Richards, being first duly sworn, states as follows:

1. She is the Trustee of **The Richards Family Revocable Living Trust dated February 16, 1999**.

2. This Affidavit is being provided in compliance with O.R.C. §5302.171.

3. The property subject to this Affidavit is known as: 2210 Bristol Road, Columbus, Ohio 43221, P.N.: D70-006907; and is described on the reverse of this Affidavit.

4. **Harvey J. Richards**, an original Trustee of the Trust, died on **August 25, 2000**, and a certified copy of the Certificate of Death is attached. / has been issued.

5. The current Trustee of the Trust is: **Corlyss J. Richards**, 2210 Bristol Road, Columbus, Ohio 43221.

6. The subject property was transferred to the Trustees by **Harvey J. Richards** and **Corlyss J. Richards** by deed recorded as Inst. No. 199903010051375 of the records of the FRANKLIN County Recorder.

WITNESS:


Corlyss J. Richards

STATE OF OHIO

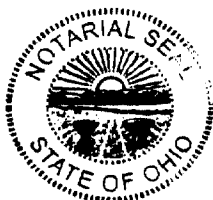
COUNTY OF FRANKLIN

)
) S.S.:
)

BEFORE ME, a Notary Public, personally appeared **CLIENT**, Affiant, personally known to me (or given to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Affidavit, acknowledged that she did sign this Affidavit, and that the same is her free act and deed. I attest that Affiant appears to be of sound mind and not under or subject to duress, fraud, or undue influence.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal on this 26 day of

October, 2000.



SHIRLEY M. BARNES
Notary Public, State of Ohio
My Commission Expires 03-15-05


Notary Public

Reg. Dist. No. JSPrimary Reg. Dist. No. JS04Registrar's No. 6711Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

a. _____
b. _____
c. _____
d. _____
e. _____

DECEDENT

IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

1. Decedent's Name (First, Middle, Last) Harvey Joseph RICHARDS				2. Sex Male		3. Date of Death (Month, Day, Year) August 25, 2000					
4. Social Security Number 472-48-3642		5a. Age-Last Birthday (Years) 60		5b. Under One Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Month, Day, Year) June 21, 1940		7. Birthplace (City, County and State or Foreign Country) Minnetta, MN	
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				9a. Place of Death (Check Only One) Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____							
9b. Facility Name (If Not Institution, Give Street and Number) 2210 Bristol Road				9c. City, Village, Twp., or Location of Death Upper Arlington				9d. County of Death Franklin			
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Corlyss Sundblad		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Research Chemist				12b. Kind of Business/Industry Ashland Chemical, Inc.			
13a. Residence-State Ohio		13b. County Franklin		13c. City, Town, Twp., or Location Upper Arlington				13d. Street and Number 2210 Bristol Road			
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP Code 43221		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)				15. Race-American Indian, Black, White, etc. (Specify) White		16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 4	

PARENTS

INFORMANT

17. Father's Name (First, Middle, Last) Elmo S. Richards		18. Mother's Name (First, Middle, Maiden Surname) Emily Verschelde	
19a. Informant's Name (Type/Print) Corlyss Richards		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 2210 Bristol Road, Columbus, OH 43221	

DISPOSITION

20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) Columbus Crematory Company		20c. Location City or Town, State Columbus, Ohio	
20d. Date of Disposition August 30, 2000		21a. Name of Embalmer (First, Middle, Last) Nelson F. Kopp		21b. License Number 7724A	
22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		22b. License Number (of Licensee) 5817		23. Name and Address of Facility (Include City, State and ZIP code) SCHOEDINGER NORTHWEST CHAPEL 1740 Zollinger Road Columbus, OH 43221	
24. Registrar's Signature <i>[Signature]</i>		25. Date Filed (Month, Day, Year) 8-30-00			
26a. Signature of Person Issuing Permit <i>[Signature]</i>				26b. Dist. No. JS	
				27. Date Permit Issued 8-30-00	

REGISTRAR

CERTIFIER

28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner 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) and manner as stated.					
28b. Time of Death 8:49 A M		28c. Date Pronounced Dead (Month, Day, Year) August 25, 2000		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature and Title of Certifier <i>Warren L. Wheeler, M.D.</i>		28f. License Number 35-03-0695		28g. Date Signed (Month, Day, Year) 8-28-00	
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Warren L. Wheeler, M.D., 3732 Olentangy River Road, Columbus, OH 43214					

CAUSE OF DEATH

SEE INSTRUCTIONS
ON REVERSE SIDE

30. Part I. Enter the diseases, injuries, 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. Type or print in permanent black ink.				Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death)		a. METABOLIC FAILURE		WEEK	
Sequentially list conditions, if any, leading to the immediate cause.		b. Due to (or as a Consequence of) HEPATOCELLULAR CARCINOMA		WEEK	
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		c. Due to (or as a Consequence of) HEPATITIS 'B' VIRUS		YEARS	
		d. Due to (or as a Consequence of)			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not be Determined <input type="checkbox"/> Suicide		33a. Date of Injury (Month, Day, Year)		33b. Time of Injury M	
		33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		33d. Describe How Injury Occurred	
		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)		33f. Location (Street and Number or Rural Route Number, City or Town, State)	