

09-20-2001

Docket No. 018078-002210US

FORM PTO-1595
(Rev. 6-93)

101852017

U.S. Department of Commerce
Patent and Trademark Office

To the Honorable Asst. Commissioner for Patents. Please record the attached original documents or copy thereof

1. Name of conveying party(ies):

Linda S.L. Sun executor of the estate of
Kai C.K. Sun (deceased)Additional name(s) of conveying parties attached? ☐ Yes
☒ No.

MD 9-24-99

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other:

Execution Date: July 13, 1999

2. Name and address of receiving party(ies)

Name: Oak Technology, Inc.

Internal Address:

Street Address: 139 Kifer Court

City: Sunnyvale State: CA ZIP: 94086

Additional names and addresses attached? ☐ Yes ☒ No

4. Application Number(s) or Patent Numbers.

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

A. Patent Application No(s): 09/347,373 B. Patent No(s):

Additional numbers attached? ☐ Yes ☒ No5. Name and address of party to whom correspondence
concerning document should be mailed:Name: Clifford B. Perry
TOWNSEND AND TOWNSEND AND CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200

6. Total number of applications and patents involved

7. Total fee (37 CFR 3.41): \$40

☐ Enclosed ☒ Charge Fees to Deposit Account☒ Charge any additional fees associated with this paper or during
the pendency of this application, or credit any overpayment, to
deposit account.

8. Deposit account number: 20-1430

DO NOT USE THIS SPACE

chg 40

9. Statement and signature.

To the best of my knowledge and belief, the foregoing is true and correct and any attached copy is a true of copy of the
original document.

Clifford B. Perry

Name of Person Signing

Atty Reg. No. 43,854

Signature

15 Sept 1999

Date

Total number of pages including cover sheet, attachments and document 4

10. Change Correspondence Address to that of Part 5?

☒ Yes ☐ No

OMB No. 0651-0011 (exp. 4/94)

Do not detach this portion

Mail documents to be recorded with required cover to:

Asst. Commissioner for Patents
Box: Assignments
Washington, D.C. 20231

4 pages

Attorney Docket No.: 18078-002210
Client Reference No.: PA-1004 CON 1

ASSIGNMENT OF PATENT APPLICATION

SOLE

WHEREAS, KAI C.K. SUN, of 12502 Parker Ranch Court, Saratoga, CA 95070, US, hereinafter referred to as "Assignor," is the inventor of the invention described and set forth in the below-identified application for United States Letters Patent:

Title of Invention: SERVO SYSTEM FOR AN OPTICAL DISK DRIVE SYSTEM
Filing Date: July 6, 1999
Application No.: To be Assigned 09/347,373; and

WHEREAS, Oak Technology, Inc., a Delaware corporation, located at 139 Kifer Court, Sunnyvale, CA, 94086, hereinafter referred to as "ASSIGNEE," is desirous of acquiring an interest in the invention and application and in any U.S. Letters Patent and Registrations which may be granted on the same;

For good and valuable consideration, receipt of which is hereby acknowledged by Assignor, Assignor has assigned, and by these presents does assign to Assignee all right, title and interest in and to the invention and application and to all foreign counterparts (including patent, utility model and industrial designs), and in and to any Letters Patent and Registrations which may hereafter be granted on any patent application claiming priority from the same in the United States and all countries throughout the world, and to claim the priority from the application as provided by the Paris Convention. The right, title and interest is to be held and enjoyed by Assignee and Assignee's successors and assigns as fully and exclusively as it would have been held and enjoyed by Assignor had this Assignment not been made, for the full term of any Letters Patent and Registrations which may be granted thereon, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissuance, prolongation or extension thereof.

Assignor further agrees that Assignor will, without charge to Assignee, but at Assignee's expense, (a) cooperate with Assignee in the prosecution of U.S. Patent applications and foreign counterparts on the invention and any improvements, (b) execute, verify, acknowledge and deliver all such further papers, including applications and instruments of transfer, and (c) perform such other acts as Assignee lawfully may request to obtain or maintain Letters Patent and Registrations for the invention and improvements in any and all countries, and to vest title thereto in Assignee, or Assignee's successors and assigns.

IN TESTIMONY WHEREOF, Assignor has signed his/her name on the date indicated.

Dated: July 13, 1999 Kai C.K. Sun
Kai C.K. Sun (Deceased)**

WITNESSED BY:

Date: 13 July 1999 C. L. Perry
(Witness Signature)
C. L. Perry
(Witness Name)
Date: July 13, 1999 [Signature]
(Witness Signature)
[Signature]
(Witness Name)

** PLEASE SEE DOCUMENTS ATTACHED TO ASSIGNMENT EXECUTED ON BEHALF OF DECEASED INVENTOR.

PA 184698 v1

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) KAI		2. MIDDLE C.K.		3. LAST (FAMILY) SUN	
4. DATE OF BIRTH M/M/DD/CCYY 03/04/1941		5. AGE YRS. 57		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 10/01/1998		8. HOUR 2017			
9. STATE OF BIRTH CHINA		10. SOCIAL SECURITY NO. 568-86-6687		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 17			
14. RACE CHINESE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER OAK TECH	
17. OCCUPATION DIRECTOR OF ENGINEERING		18. KIND OF BUSINESS ELECTRONICS		19. YEARS IN OCCUPATION 28	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 12302 PARKER RANCH COURT					
21. CITY SARATOGA		22. COUNTY SANTA CLARA		23. ZIP CODE 95070	
24. VRS IN COUNTY 31		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP LINDA SUN-SPOUSE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 12302 PARKER RANCH COURT, SARATOGA, CA 95070			
28. NAME OF SURVIVING SPOUSE—FIRST LINDA		29. MIDDLE S.L.		30. LAST (Maiden Name) LIU	
31. NAME OF FATHER—FIRST DAI		32. MIDDLE DEE		33. LAST PHONG	
34. BIRTH STATE CHINA		35. NAME OF MOTHER—FIRST FEN-CHI		36. MIDDLE -	
37. LAST (Maiden) SUN		38. BIRTH STATE CHINA			
39. DATE M/M/DD/CCYY 10/09/1998		40. PLACE OF FINAL DISPOSITION GATE OF HEAVEN CEMETERY, LOS ALTOS, CA			
41. TYPE OF DISPOSITION BURIAL		42. SIGNATURE OF REGISTRAR <i>[Signature]</i>		43. LICENSE NO. 6384	
44. NAME OF FUNERAL DIRECTOR LIMA FAMILY SUNNYVALE		45. LICENSE NO. FD 1169		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/CCYY 10/06/1998		48. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			
101. PLACE OF DEATH GUARDIAN OF LOS GATOS		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. <input type="checkbox"/> NURS. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL SANTA CLARA	
104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2580 SAMARITAN DR		105. CITY LOS GATOS			
106. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) BRAIN METASTASIS		TIME INTERVAL BETWEEN ONSET AND DEATH MONS		107. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) LUNG CANCER		YES		108.opsy PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				109. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				110. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE					
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE.					
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEASED ATTENDED SINCE I DECEASED LAST SEEN NAME M/M/DD/CCYY 09/20/1998		114. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		115. LICENSE NO. A-45142	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP TONY CHEN, MD, 20362 TOWN CENTER LN. CUPERTINO, CA 95014		117. DATE M/M/DD/CCYY 10/06/1998			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		119. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		120. INJURY DATE M/M/DD/CCYY 10/01/1998	
121. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
124. SIGNATURE OF CORONER OR DEPUTY CORONER		125. DATE M/M/DD/CCYY		126. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

H 1059356

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

16934

CENSUS TRACT

By **SS**

DATE ISSUED

10/13/1998

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fensterstuck MD
MARTIN D. FENSTERSTUCK
 HEALTH OFFICER AND LOCAL REGISTRAR
 OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PATENT

RECORDED: 09/24/1999

REEL: 011978 FRAME: 0493