

08-23-2001

Form PTO-1595

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings ⇌ ⇌ ⇌ ▼



101820824

U.S. DEPARTMENT OF COMMERCE  
U.S. 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):

Beulah DiBetta, Executrix of the  
Estate of Geno DiBetta, deceased

08/15/01

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

## 3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other \_\_\_\_\_

Execution Date: \_\_\_\_\_

## 2. Name and address of receiving party(ies)

Name: Beulah DiBettaInternal Address: 4702 - 8th AvenueVienna, WV 26105

AUG 15 2001

Street Address: 4702 - 8th AvenueCity: Vienna State: WV Zip: 26105Additional name(s) & address(es) attached? ☐ Yes ☒ No

## 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)

785402

B. Patent No.(s)

5,746,330

Additional numbers attached? ☐ Yes ☒ No

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

Name: Richard A. Hudson, EsquireInternal Address: P. O. Box 1469Parkersburg, WV 26102Street Address: 417 Grand Park Drive  
Suite 203City: Parkersburg State: WV Zip: 261016. Total number of applications and patents involved: 17. Total fee (37 CFR 3.41).....\$ 40.00☒ Enclosed☐ Authorized to be charged to deposit account

## 8. Deposit account number:

(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.

Beulah DiBetta, Executrix  
of the Estate of Geno DiBetta, deceased

Name of Person Signing

X Beulah DiBetta

Signature

August 13 2001  
DateTotal number of pages including cover sheet, attachments, and documents: 2Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231

08/22/2001 T0IAZ1 00000125 785402

01 FC:581

40.00 DP

PATENT  
REEL: 012083 FRAME: 0646

**ASSIGNMENT OF APPLICATION**

Docket Number (Optional)

Whereas, I/We, Beulah DiBetta, Executrix of the Estate of Geno DiBetta, <sup>deceased</sup> hereafter referred to as applicant, have invented certain new and useful improvements in Tool rack

☒ for which an application for a United States Patent was filed on January 22, 1997  
Application Number        / 785402 . Patent No. 5,746,330.

☐ for which an application for a United States Patent was executed on                                 , and

Whereas, Beulah DiBetta of Vienna, West Virginia herein referred to "assignee" whose mailing address is 4702 - 8th Avenue, Vienna, WV 26105 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$ 1.00 ), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 8-13-01 day of August, 20 01  
at Parkersburg, WV

State of West Virginia )

County of Wood )

SS:

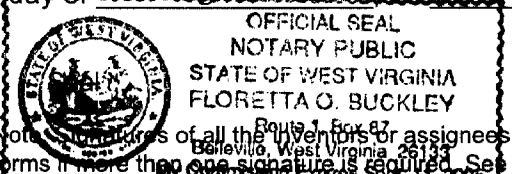
X Beulah DiBetta  
(Signature)

Beulah DiBetta, Executrix of  
the Estate of Geno DiBetta, deceased

Before me personally appeared said Beulah DiBetta

and acknowledged the foregoing instrument to be his free act and deed this 13

day of August, 20 01

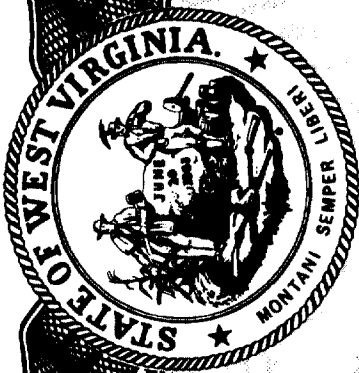


Floretta O. Buckley  
(Notary Public)

Notarizing fees of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below\*.

\* ☐ Total of        forms are submitted.

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.



*State of West Virginia*  
WOOD COUNTY, TO-WIT:

I, JAMIE SIX, Clerk of the County Commission in Wood County, hereby certify that  
BEULAH DIBETTA  
this day qualified as  
EXECUTRIX AND TRUSTEE  
under the last will and testament of GENO DIBETTA, DECEASED  
without bond as provided by said will.

Given under my hand, at the City of Parkersburg, this  
10/16/2000.

*Jamie Six*, Clerk

By: *Brenda Shinn*, Deputy

THIS DOCUMENT HAS BLACK PRINTING OVER A BLUE BACKGROUND ON WHITE PAPER

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
DIVISION OF HEALTH - VITAL REGISTRATION OFFICE  
PHYSICIAN'S/MEDICAL EXAMINER'S CERTIFICATE OF DEATH  
BLDG. 3, RM. 513, CAPITOL COMPLEX, CHARLESTON, WV 25305**

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

STATE FILE NUMBER

NAME OF DECEDENT  
For use by physician or institution

**DECEDENT**

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| 1 DECEDENT'S NAME (First, Middle, Last)<br><b>Geno DiBetta</b>                                |  |  |  | 2 SEX<br><b>M</b>   |  | 3 DATE OF DEATH (Month, Day, Year)<br><b>Sept. 28, 2000</b>           |  |
| 4 SOCIAL SECURITY NUMBER<br><b>232-05-6471</b>  |  | 5a AGE-Last Birthday (Years) <b>79</b>   |  | 5b UNDER 1 YEAR<br>Months _____ Days _____  |  | 5c UNDER 1 DAY<br>Hours _____ Minutes _____                           |  |
| 6 DATE OF BIRTH (Month, Day, Year)<br><b>March 3, 1921</b>                                    |  | 7 BIRTHPLACE (City and State or Foreign Country)<br><b>Fayette Co., WV</b>   |  |   |  |   |  |
| 8 WAS DECEDENT EVER IN U.S. ARMED FORCES?<br>(Yes or no) <b>Yes</b>                           |  | 9a PLACE OF DEATH (Check only one: see instructions on other side)<br><b>HOSPITAL</b> <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____ |  |   |  |   |  |
| 9b FACILITY NAME (If not institution, give street and number)<br><b>St. Joseph's Hospital</b> |  |  |  | 9c CITY, TOWN, OR LOCATION OF DEATH<br><b>Parkersburg</b>   |  | 9d COUNTY OF DEATH<br><b>Wood</b>                                     |  |
| 10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>       |  | 11 SURVIVING SPOUSE (If wife, give maiden name)<br><b>Beulah Atkinson</b>  |  | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Owner/Operator</b>  |  | 12b KIND OF BUSINESS/INDUSTRY<br><b>Belpre Cleaners</b>               |  |
| 13a RESIDENCE—STATE<br><b>WV</b>  |  | 13b COUNTY<br><b>Wood</b>  |  | 13c CITY, TOWN, OR LOCATION<br><b>Vienna</b>  |  | 13d STREET AND NUMBER<br><b>4702 Eighth Avenue</b>                    |  |
| 13e INSIDE CITY LIMITS? (Yes or no)<br><b>Yes</b>   |  | 13f ZIP CODE<br><b>26105</b>   |  | 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, Specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____ |  | 15 RACE—American Indian, Black, White, etc. (Specify)<br><b>White</b> |  |
| 16a DECEDENT'S EDUCATION (Specify only highest grade completed)<br><b>12+</b>                 |  | 16b _____  |  |   |  |   |  |

**PARENTS**

|   |  |   |  |
|---|--|---|--|
| 17 FATHER'S NAME (First, Middle, Last)<br><b>Nicolo DiBetta</b> |  | 18 MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Anna DelPrincipe</b> |  |
|---|--|---|--|

**INFORMANT**


|  |  |  |  |
|--|--|--|--|
| 19a INFORMANT'S NAME (Type/Print)<br><b>Beulah DiBetta</b> |  | 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>4702 Eighth Avenue - Vienna, WV 26105</b> |  |
|--|--|--|--|

**DISPOSITION**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 20a METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State<br><input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____ |  | 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Mt. Carmel Cemetery</b> |  | 20c LOCATION—City or Town, State<br><b>Parkersburg, WV</b> |  |
|--|--|--|--|--|--|

**PRONOUNCING PHYSICIAN ONLY**

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

|   |  |   |  |
|---|--|---|--|
| 21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br> |  | 22 NAME AND ADDRESS OF FACILITY<br><b>Leavitt Funeral Home<br/>403 Seventh St., Parkersburg, WV</b> |  |
| 23a To the best of my knowledge, death occurred at the time, date, and place stated<br>Signature and Title <b>John Ken Koch MD</b>                      |  | 23b DATE SIGNED (Month, Day, Year)<br><b>10/1/00</b>  |  |
| 24 TIME OF DEATH<br><b>8:15 P. M.</b>   |  | 25 DATE PRONOUNCED DEAD (Month, Day, Year)<br><b>September 28, 2000</b>                             |  |
| 26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)<br><b>No</b>  |  |   |  |

|   |  |   |  |
|---|--|---|--|
| 27 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.<br><br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a <b>Sepsis</b><br>DUE TO (OR AS A CONSEQUENCE OF) _____<br><br>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING b _____<br>DUE TO (OR AS A CONSEQUENCE OF) _____ |  | Approximate Interval Between Onset and Death<br>_____ |  |
|---|--|---|--|

*LAW OFFICES*  
***SPILMAN THOMAS & BATTLE, PLLC***  
*SINCE 1864*

SPILMAN CENTER  
300 KANAWHA BOULEVARD, EAST  
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MORGANTOWN, WEST VIRGINIA 26505  
TELEPHONE (304) 599-8175

PM CENTER  
417 GRAND PARK DRIVE, SUITE 203  
POST OFFICE BOX 1469  
PARKERSBURG, WEST VIRGINIA 26102-1469

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WEIRTON, WEST VIRGINIA 26062  
TELEPHONE (304) 723-6980

email address:  
rhudson@spilmanlaw.com

August 13, 2001

United States Patent and Trademark Office  
Box Assignments  
Washington, DC 20231

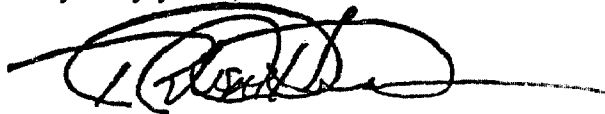
**Re: Geno DiBetta Patent No. 5,746,330**

Ladies and Gentlemen:

In reference to the above referenced patent, enclosed please Recordation Form Cover Sheet, Assignment of Application, certified copy of Mr. DiBetta's death certificate and Mrs. DiBetta's certificate of qualification as Executrix of his estate. Also enclosed please find Mrs. DiBetta's check in the amount of \$40.00. Please file the enclosures and forward acknowledgment of the assignment to Mrs. DiBetta and myself.

Thank you for your attention to this matter.

Very truly yours,



Richard A. Hudson

RAH:flo  
Enclosures  
cc: Mrs. Beulah DiBetta w/o encs.