

## PATENT

**ASSIGNMENT OF PATENT**

**WHEREAS, NEIL L. OEHLERT**, then a resident of 2326 N. 81<sup>st</sup> Street, Omaha, Nebraska 68134, was the inventor of certain inventions and devices (the "Inventions") and in connection therewith submitted a patent application on July 23, 1990, and was subsequently issued that certain United States Patent, as identified on Schedule A hereto (the "Patent");

**WHEREAS**, Neil L. Oehlert died on November 16, 1999;

**WHEREAS**, Carolyn Oehlert is the personal representative of Neil L. Oehlert's estate (the "Neil Oehlert Estate") and is the sole beneficiary of the Neil Oehlert Estate (as asserted in that certain Affidavit of Carolyn Oehlert dated October 9, 2001);

**WHEREAS, NEOVIAL, L.L.C.**, a Nebraska limited liability company, having its principal offices at 12810 Icard St., Omaha, Nebraska 68154, is desirous of acquiring said Patent and Inventions;

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the **NEIL OEHLERT ESTATE** and **CAROLYN OEHLERT** hereby sell, transfer, assign and set over to **NEOVIAL, L.L.C.** the entire right, title and interest in and to said Patent and Inventions in the United States and throughout the world, including any reissues and extensions thereof, together with all rights of recovery for past, present or future infringement thereof, and all income, royalties or payments due as of the date hereof or hereafter.

**IN WITNESS WHEREOF**, this instrument has been executed this 9 day of October, 2001 by the undersigned, to be effective as of January 5, 2001.

**NEIL OEHLERT ESTATE**

By: Carolyn Oehlert

Name: Carolyn Oehlert

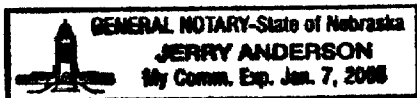
Title: Personal Representative

and

Carolyn Oehlert  
Carolyn Oehlert, Sole Beneficiary

STATE OF Nebraska )  
COUNTY OF Douglas ) ss:

On this 9 day of October, Carolyn Oehlert personally appeared before me, who is known to me to be the personal representative of the **NEIL OEHLERT ESTATE**, and the sole beneficiary thereof, the Assignor above named, and acknowledged that she executed the foregoing Assignment of Patent on behalf of said Assignor and pursuant to authority duly received.



Jerry Anderson  
Notary Public

#210584.1

**PATENT**  
**REEL: 012312 FRAME: 0395**

**Schedule A**

**ASSIGNED PATENT**

PATENT NO.	TITLE	ISSUE DATE
5,180,072	Safety Container and Closure System with Child Resistance	January 19, 1993

**AFFIDAVIT REGARDING  
ASSIGNMENT OF PATENT**

PATENT NO.:	5,180,072
DATE:	January 19, 1993
INVENTOR:	Neil L. Oehlert
PATENT:	Safety Container and Closure System with Child Resistance

**TO THE COMMISSIONER OF  
PATENTS AND TRADEMARKS:**

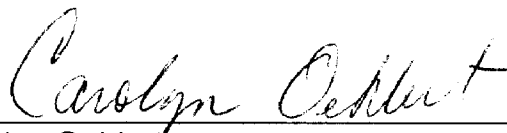
STATE OF Nebraska )  
COUNTY OF Douglas ) ss.

Carolyn Oehlert, personal representative of the Estate of Neil L. Oehlert, Inventor, and sole beneficiary of such Estate, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this document, makes the following declarations:

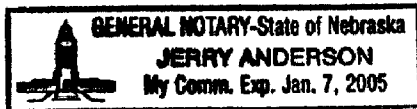
1. That the above referenced Patent, and all right, title and interest therein and in the invention set forth in such Patent, was owned by Neil L. Oehlert the identified inventor;
2. That Neil L. Oehlert died on November 16, 1999, and a true and correct copy of the Neil L. Oehlert's death certificate is attached hereto as Attachment A;
3. That Carolyn Oehlert is the personal representative of the Estate of Neil L. Oehlert, as indicated by the Last Will and Testament of Neil L. Oehlert, a true and correct copy of which is attached hereto as Attachment B;
4. That Carolyn Oehlert is the sole beneficiary of the Estate of Neil L. Oehlert;
5. That this Affidavit is submitted to establish and record the assignment of all right, title and interest in the Patent from the Neil Oehlert Estate to Neovial, L.L.C., a Nebraska limited liability company, which assignment to Neovial, L.L.C. is being separately submitted for recording; and

6. That all statements made of my own knowledge are true and all statements made on information and belief are believed to be true.

IN WITNESS WHEREOF, this instrument has been executed this 9 day of October, 2001 by the undersigned.

  
\_\_\_\_\_  
Carolyn Oehlert  
PERSONAL REPRESENTATIVE and SOLE BENEFICIARY of  
the Neil L. Oehlert Estate

Subscribed and sworn to before me, this 9 day of October, 2001.



  
\_\_\_\_\_  
Notary Public

#210588.2

**Attachment A**

**COPY OF NEIL L. OEHLERT DEATH CERTIFICATE**

REGISTRATION  
DISTRICT NO. 72.0  
REGISTERED  
NUMBER 3061

STATE OF ILLINOIS

STATE FILE  
NUMBER

# MEDICAL CERTIFICATE OF DEATH

Type or Print in  
PERMANENT INK  
Funeral Directors,  
Hospitals, or Physicians  
Handbook for  
INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST MIDDLE LAST NEIL L. OEHLERT		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) NOV 16, 1999	
4. COUNTY OF DEATH PEORIA		5a. AGE-LAST BIRTHDAY (YRS) 54	5b. UNDER 1 YEAR HOURS DAYS 5c. UNDER 1 DAY HOURS MIN	6. DATE OF BIRTH (MONTH, DAY, YEAR) AUG 2, 1945
7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EDWARDS		8. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 10001 INDIAN RIDGE RD.		9. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) RESIDENCE
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHANUTE, KS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) CAROLYN HOHL
13. SOCIAL SECURITY NUMBER 514-48-1998		14. USUAL OCCUPATION OWNER/OPERATOR		15. KIND OF BUSINESS OR INDUSTRY INJECTION MOLDING
16. RESIDENCE (STREET AND NUMBER) 10001 INDIAN RIDGE RD.		17. CITY, TOWN, TWP. OR ROAD DISTRICT NO. EDWARDS		18. INSIDE CITY (YES/NO) YES
19. STATE IL		20. ZIP CODE 61528		21. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE
22. FATHER-NAME FIRST MIDDLE LAST ARTHUR OEHLERT		23. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST MARY ELLEN HUNT		24. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO
25. INFORMANT'S NAME (TYPE OR PRINT) CAROLYN OEHLERT		26. RELATIONSHIP WIFE		27. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 10001 INDIAN RIDGE RD., EDWARDS, IL 61528
18. PART I. Enter the diseases, 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. Immediate Cause (Final disease or condition resulting in death) (a) METASTATIC MELANOMA CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) STATING THE UNDERLYING CAUSE LAST. (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [ ] NO [ ] 20d. HOUR OF DEATH 7:45 A.M. M. 20e. DATE SIGNED (MONTH, DAY, YEAR) 11-17-99 20f. ILLINOIS LICENSE NUMBER 36-63695 20g. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 20h. (I DID) (OR DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) 11-8-99 20i. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES 20j. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 20k. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Michael Veeder M.D. 900 Main St. Peoria, IL 61602 20l. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 20m. 23. 20n. BURIAL, CREMATION, REMOVAL (SPECIFY) ENTOMB. 20o. CEMETERY OR CREMATORY-NAME SWAN LAKE MAUSOLEUM 20p. LOCATION CITY OR TOWN STATE PEORIA, IL 20q. DATE (MONTH, DAY, YEAR) NOV 19, 1999 20r. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP THE WILTON MORTUARY, INC., 2101 N. KNOXVILLE AVE., PEORIA, ILLINOIS 61603 20s. FUNERAL DIRECTOR'S SIGNATURE ERIC HAN 20t. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 20u. LOCAL REGISTRAR'S SIGNATURE 20v. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) November 18, 1999				

VR200 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

## CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS )  
COUNTY OF PEORIA ) SS

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED:

NOV 18 1999

NANCY J. WESTPHAL  
PEORIA COUNTY REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REEL: 612512 FRAME: 8400



**Attachment B**

**COPY OF LAST WILL AND TESTAMENT  
OF NEIL L. OEHLERT**



LAST WILL AND TESTAMENT

OF

NEIL L. OEHLERT

Prepared by

John J. Respeliers, Attorney

6035 Binney Street

P. O. Box 4473

Omaha, Nebraska 68104

Office Phone - 558-1859

Home Phone - 333-1837

LAST WILL AND TESTAMENT

I, NEIL L. OEHLERT, at this time residing at Omaha, Douglas County, Nebraska, being of sound mind and disposing memory, do make and publish this, my last will and testament, hereby revoking any and all former wills or codicils thereto by me at any time made.

FIRST: I direct that all my legal debts, including last illness expenses, funeral expenses and cost of administering my estate, be paid by my Personal Representative or alternate Personal Representatives, hereinafter named.

SECOND: I wish to direct that my funeral service be conducted by the church I am a member of as of date of my death.

THIRD: I hereby give, devise and bequeath my entire estate, both real property and personal property and wherever situate, of which I die seized or possessed of or entitled to, to my wife, Carolyn M. Oehlert, to be hers absolutely and forever.

FOURTH: In the event my wife predeceases me or in the event we should die in or as a result of a common disaster, then I give, devise and bequeath my entire estate, both real property and personal property and wherever situate, of which I die seized or possessed of or entitled to, to my children, Jonathan D. Oehlert, Emily M. Oehlert, Sarah E. Oehlert and Ruth E. Oehlert, and any children born after execution of this will, provided the youngest child is twenty-one (21) years of age, share and share alike; the issue of any child who predeceases me to take the deceased child's share, per stirpes.

If the youngest of my children be under age twenty-one (21) as of date of settlement of my estate, then I direct that the entire estate be held in trust for my children. I hereby nominate and appoint Ron Chambers and Ronnie Chambers as Trustees of said trust. The Trustees shall manage said trust in order to obtain maximum income while preserving the corpus thereof. The Trustees shall expend first from income and if this be insufficient, from the corpus of said trust, the necessities of life for the beneficiaries which shall include board, room, clothing, medical and dental expenses, and educational expenses, including the cost of a college

education or specialized training of each beneficiary. I direct that education expenses be paid through one undergraduate degree and one postgraduate degree.

I further provide that if Ron Chambers and Ronnie Chambers cannot serve as Trustees for any reason, that Kim J. Crawford and Carol Crawford shall be appointed as Trustees of said trust.

I further provide that if a trust is established hereunder, that it shall terminate upon the twenty-first (21st) birthdate of my youngest child at which time the entire corpus of the estate shall be divided equally among my children, share and share alike, the issue of any that then are deceased to take their deceased parent's share, per stirpes.

I empower the Trustee to buy and sell assets, including real estate, constituting the corpus of the trust, without obtaining Court approval to do so.

I further request that the Trustee not be required to post bond in order to so serve.

If there are no beneficiaries to take under this paragraph of my will, or upon termination of the trust, then this bequest shall pass pursuant to paragraph Fifth of my will.

FIFTH: In the event my wife and all of my children predecease me, or we should all die in or as a result of a common disaster, then I direct that my estate vest in the living issue of my children, per stirpes, share and share alike.

I further provide that if there not be any issue of my children then living, then in that event I devise my estate fifty percent (50%) to my parents or the survivor of them, and fifty percent (50%) to my wife's parents or the survivor of them.

SIXTH: In the event my wife predeceases me and any of my children are under legal age, then I hereby nominate and appoint Ron Chambers and Ronnie Chambers as legal Guardian of my children as are under legal age. I request that the appointed Guardian guide and care for my children until they attain legal age.

I further provide that if Ron Chambers and Ronnie Chambers cannot

serve as Guardians for any reason, that Kim J. Crawford and Carol Crawford be appointed as legal Guardians.

I direct that the Guardians may live in our home during such time as they care for my children under the provisions of this will. It would be my intent that all expenses in connection with maintaining a family home for my children, i.e., taxes, insurance, upkeep and utilities, shall be paid by the Trustees from trust income or corpus and that the Guardians not be charged for any portion of same by virtue of also occupying the home.

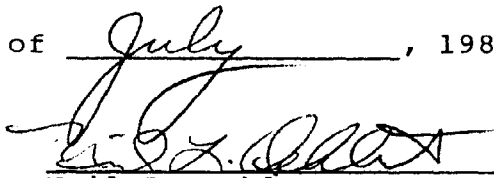
SEVENTH: I hereby nominate and appoint my wife, Carolyn M. Oehlert, as sole Personal Representative of this, my last will and testament. Should the said Carolyn M. Oehlert refuse to accept such trust or fail to qualify within ten (10) days after the probating of this will or die before or after qualifying, then upon the happening of either one of such events, I hereby nominate and appoint Ron Chambers and Ronnie Chambers as alternate Personal Representatives of this, my last will and testament.

I further provide that if Ron Chambers and Ronnie Chambers cannot serve as Personal Representatives for any reason, that Kim J. Crawford and Carol Crawford be appointed as alternate Personal Representatives of this, my last will and testament.

I further authorize and empower my Personal Representative or alternate Personal Representatives, if and whenever in the settlement of my estate, she or they deem it advisable at her or their discretion, to sell or mortgage the whole or any part of my real property or personal property, and to execute and deliver all deeds, instruments of transfer and other writings necessary to pass a proper title to same.

I further request that neither the named Personal Representative nor the alternate Personal Representatives be required to post bond in order to so serve.

WITNESS MY HAND this 2 day of July, 1984.

  
\_\_\_\_\_  
Neil L. Oehlert, Testator

WE, whose names are hereunto subscribed, do hereby certify that NEIL

L. OEHLERT, the Testator, subscribed his name to this instrument consisting of five typewritten pages in our presence and in the presence of each of us and declared at the same time in our presence and hearing that this instrument consisting of five typewritten pages was his last will and testament; and we, at his request, signed our names hereto in his presence as attesting witnesses.

Phyllis Cunningham of Omaha, Nebraska  
Witness

Joanne DiMari of Omaha, Nebraska  
Witness

STATE OF NEBRASKA)  
                                ) ss.  
COUNTY OF DOUGLAS)

WE, NEIL L. OEHLERT, Phyllis Cunningham and  
Joanne Di Mari, the Testator and witnesses,  
respectively, whose names are signed to the attached or foregoing  
instrument, being first duly sworn, do hereby declare to the undersigned  
authority that the Testator signed and executed the instrument as his last  
will and testament and that he had signed willingly or directed another to  
sign for him, and that he executed it as his free and voluntary act for  
the purposes therein expressed; and that each of the witnesses, in the  
presence and hearing of the Testator, signed the will as witness and that  
to the best of their knowledge, the Testator was at that time eighteen or  
more years of age or was not at that time a minor and was of sound mind  
and under no constraint or undue influence.

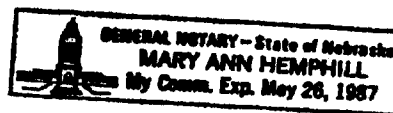
Will Z. Orlat  
Testator

Phyllis Cunningham  
Witness

Joanne DiMari  
Witness

SUBSCRIBED, sworn to and acknowledged before me by NEIL L. OEHLERT,  
the Testator, and subscribed and sworn to before me by  
Phyllis Cunningham and Joanne Di Mari,  
witnesses, this 2 day of July, 1984.

Mary Ann Hemphill  
Notary Public



PAGE FIVE of five pages