

03-19-2003

Form PTO-1595
(Rev. 10/02)

REC



U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

OMB No. 0651-0027 (exp. 03/30/2005)

102394309

Tab settings ⇌ ⇌ ⇌

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

1. Name of conveying party(ies):

Hughes Michael D., Legal representative of the
Estate of: Hughes Samuel G Sr.

3-17-03

2. Name and address of receiving party(ies)

Name: Hughes Michael D.

Internal Address: _____

Street Address: P.O. Box 356

City: Van State: WV Zip: 25206

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

3. Nature of conveyance:

- Assignment Merger
- Security Agreement Change of Name
- Other _____

Execution Date: 09/11/2002

Additional 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) _____

B. Patent No.(s) 4,856,404

Additional numbers attached? Yes No

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

Name: Hughes Billy J

Internal Address: _____

Street Address: 18 Brandon lane

City: Chatsworth State: GA Zip: 30705

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ _____

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: _____

OFFICE OF THE CLERK OF THE U.S. PATENT AND TRADEMARK OFFICE
FINANCE SECTION
2003 MAR 17 AM 7:14

DO NOT USE THIS SPACE

9. Signature.

Billy J Hughes

Name of Person Signing

Billy J Hughes
Signature

03/08/2003

Date

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

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

Hughes Billy J
18 Brandon lane
Chatsworth, GA.
30705

Hughes Samuel G Jr.
P.O. Box 1983
Elkins, WV.
26241

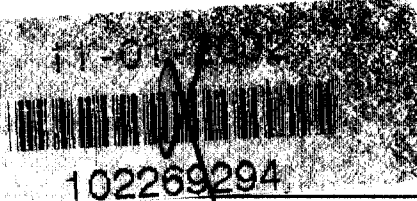
Hughes Robert B
SGT. Robert B Hughes
HHC-1-15 Infantry
Box 7
Fort Benning, GA.
31905

Hughes Christopher S
380 Webster
Colby, KS.
67701

Form PTO-1595 (Rev. 10/02)

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

OMB No. 0651-0027 (exp. 6/30/2005)



Tab settings

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

1. Name of conveying party(ies): Samuel G Hughes, Sr. OK Hughes Mike, LEGAL REP OF ESTATE OF DECEASED 10-29-02

2. Name and address of receiving party(ies) Name: Billy J Hughes HUGHES M. KE Internal Address:

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

3. Nature of conveyance: [X] Assignment [] Merger [] Security Agreement [] Change of Name [X] Other Deceased

Street Address: 18 Brandon Lane

City: Chatsworth State: CA Zip: 30705

Execution Date: 09/11/2002

Additional name(s) & address(es) attached? [X] 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) 84/136,966

B. Patent No.(s) 4,856,404

Additional numbers attached? Yes No

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

Name: Billy J Hughes

Internal Address:

Street Address: 18 Brandon Lane

City: Chatsworth State: CA Zip: 30705

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.41

[X] Enclosed

[] Authorized to be charged to deposit account

8. Deposit account number:

FINANCE SECTION 10/29 AM 9:08

10/17/2002 0000040 4036404

DO NOT USE THIS SPACE

01 9. Signature. 40.00 UP

Refund Ref: 10/17/2002 0000122129 Name of Person Signing Billy J Hughes CHECK Refund Total: 40.41

Signature Billy J Hughes

Date 10/20/2002

Total number of pages including cover sheet, attachments, and documents: 3

Mail documents to be recorded with required cover sheet information to: Commissioner of Patents & Trademarks, Box Assignments Washington, D.C. 20231

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
 BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION
 PHYSICIANS / MEDICAL EXAMINER'S CERTIFICATE OF DEATH
 ROOM 165, 350 CAPITOL STREET, CHARLESTON, WV 25301

PAGE# # 8

014223

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

NAME OF DECEDENT
 For use by physician or informant

1 DECEDENT'S NAME (First, Middle, Last) SAMUEL GENE HUGHES				2 SEX male	3 DATE OF DEATH (Month, Day, Year) 9-11-2002
4 SOCIAL SECURITY NUMBER 235-66-0362		5a AGE-Last Birthday (Years) 60	5b UNDER 1 YEAR Months: _____ Days: _____	5c UNDER 1 DAY Hours: _____ Minutes: _____	6 DATE OF BIRTH (Month, Day, Year) Apr. 9, 1942
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) NO		9a PLACE OF DEATH (Check only one. See instructions on other side.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): _____			
9b FACILITY NAME (If not institution, give street and number) HC 78, Box 203A		9c CITY, TOWN, OR LOCATION OF DEATH Rock Cave		9d COUNTY OF DEATH Upshur	
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Divorced		11 SURVIVING SPOUSE (If wife, give maiden name.)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tool and Die Maker	
12b KIND OF BUSINESS/INDUSTRY Automobile		13a RESIDENCE—STATE WV		13b COUNTY Upshur	
13c CITY, TOWN, OR LOCATION Rock Cave		13d STREET AND NUMBER HC 78 Box 203A			
13e INSIDE CITY LIMITS? (Yes or no) No		13f ZIP CODE 26234		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15 RACE—American Indian, Black, White, etc. (Specify) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Specify 10, 12, 16A) Unk.			
17 FATHER'S NAME (First, Middle, Last) Robert Samuel Hughes			18 MOTHER'S NAME (First, Middle, Maiden Surname) Etta Pauline Acord		
19a INFORMANT'S NAME (Type/Print) Janice Schlager			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 235 Peterstown, WV 24963		
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) Glen Fork Community Cemetery		20c LOCATION—City or Town, State Glen Fork, WV	
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Medy L. Wilson</i>		22 NAME AND ADDRESS OF FACILITY Broyles-Shrewsbury Funeral Home, Inc. P.O. Box 192 Peterstown, WV 24963			
23a To the best of my knowledge death occurred at the time, date, and place stated. Signature and Title: _____		23b DATE SIGNED (Month, Day, Year)			
24 TIME OF DEATH 1140 AM		25 DATE PRONOUNCED DEAD (Month, Day, Year) 9-11-02		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) yes	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF) b _____ DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST I250					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
28a WAS AN AUTOPSY PERFORMED? (Yes or no) yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) yes			
29 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 <input type="checkbox"/> Homicide		30a DATE OF INJURY (Month, Day, Year)		30b TIME OF INJURY M	
30c INJURY AT WORK? (Yes or No)		30d DESCRIBE HOW INJURY OCCURRED			
30e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		30f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
31a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death). 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 checked="" type="checkbox"/> MEDICAL EXAMINER/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.)					
31b SIGNATURE AND TITLE OF CERTIFIER <i>James L. Frost M.D.</i> Deputy Chief Medical Examiner				31c DATE SIGNED (Month, Day, Year) 9-12-02	
32 NAME AND ADDRESS OF PERSON WHO COMPLETED THIS CERTIFICATE OF DEATH (If not the Chief Medical Examiner, Northern Region) James L. Frost, M.D., 2567 University Avenue, Ste 4025, Morgantown, WV 26505					
33 REGISTRAR'S SIGNATURE <i>Lana Shaffer</i>				34 DATE FILED (Month, Day, Year) 9-18-2002	

Form VS-002 (Rev. 6/92)

STATE COPY

I hereby certify that the above is a true photographic copy of a record filed with the Vital Registration Office, Bureau for Public Health, Charleston, West Virginia.

Witness my hand and seal this first day of October, 2002.

Gary L. Thompson
 Gary L. Thompson, State Registrar

PATENT
 REEL: 013845 FRAME: 0792

County Clerk's Certificate of Appointment and Qualification

STATE OF WEST VIRGINIA,
Upshur County, SS:

I, **DEBBIE THACKER WILFONG**, Clerk of the County Commission of said County do certify that on the **15TH** day of **OCTOBER, 2002**, **MICHEAL D. HUGHES** was duly appointed and qualified as **ADMINISTRATOR** of the estate of **SAMUEL GENE HUGHES, SR.**, deceased, having giving bond in the penalty sum of **TEN THOUSAND (\$10,000.00) DOLLARS**.

In testimony whereof, I have hereunto set my hand and affixed the seal of said Commission at Buckhannon, West Virginia, this **15TH** day of **OCTOBER, 2002**.


_____, Clerk