

08-13-2003

Form PTO-1595
(Rev. 10/02)

RECC

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

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

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102522705

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

1. Name of conveying party(ies):

Brenda M. Kloos, Administrator
Estate of Jeremy Williams

8.11.03

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

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
- ☐ Security Agreement ☐ Change of Name
- ☒ Other ~~Assignment by reason of~~
death

Execution Date: 7/25/03

2. Name and address of receiving party(ies)

Name: Lawrence and Jill Williams

Internal Address: _____

Street Address: 117 Beechwood Drive

Spartanburg

City: _____ State: SC Zip: 29302

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: N/A

A. Patent Application No.(s) _____

B. Patent No.(s) 6,223,120 B1

Additional numbers attached? ☐ Yes ☒ No

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

Name: Matt Williams

Internal Address: _____

Street Address: 3830 East Contessa

Street

City: Mesa State: AZ Zip: 85205

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:

2003 AUG 11 PM 8:26
OFR/FINANCE

DO NOT USE THIS SPACE

9. Signature.

Brenda M. Kloos, Administrator
of the Estate of Jeremy Williams*Brenda M. Kloos*

7/25/03

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and documents: 4

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

08/13/2003 LMUELLER 00000064 6223120

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40.00 DP

PATENT
REEL: 014363 FRAME: 0638

ASSIGNMENT

This Assignment is made the 25th day of July, 2003 by Brenda M. Kloos, Administrator of the Estate of Jeremy Williams, to Lawrence and Jill Williams.

EXPLANATORY STATEMENT

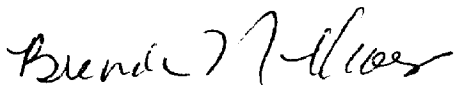
Jeremy Williams (the "Decedent") died intestate on October 27, 2001 as evidenced by the attached certified copy of his death certificate. At the time of his death, the Decedent was a resident of Hamilton County, Ohio. Brenda M. Kloos was appointed administrator of the estate of Jeremy Williams by the Hamilton County, Ohio Probate Court on November 19, 2001, Case No. 2001005860. A certified copy of her Letters of Authority is attached to this Assignment.

Lawrence and Jill Williams are the Decedent's sole heirs under Ohio law. The purpose of this Assignment is to transfer all of the Decedent's interest in U.S. Patent No. 6,223,120 (the "Patent") to Lawrence and Jill Williams.

TRANSFER

Brenda M. Kloos, Administrator of the estate of Jeremy Williams, hereby transfers, assigns, conveys, grants and delivers to Lawrence and Jill Williams, jointly, all of the Decedent's right, title and interest in and to the Patent, including all obligations and responsibilities for the maintenance of the Patent with the United States Patent and Trademark Office.

Assignor:

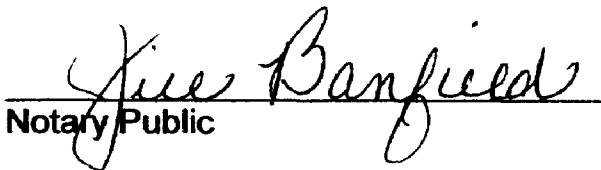


Brenda M. Kloos, Administrator

The foregoing Assignment was acknowledged before me by Brenda M. Kloos, Administrator of the estate of Jeremy Williams, on July 25 2003.



JILL BANFIELD
Notary Public, State of Ohio
My Commission Expires
April 13, 2008


Notary Public

Blount County Department of Public Health & Environment

State Department of Health Co-operating

P.O. Box 4609

1006 E. Lamar Alexander Pkwy.
Maryville, Tennessee 37802-4609

PHONE: (865)983-4582

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

DECEDENT

NAME OF DECEDENT
For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EX-
ECUTING CERTIFICATE
MUST COMPLETE AND
SIGN MEDICAL CERTI-
FICATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Jeremy Williams				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 27, 2001	
4. SOCIAL SECURITY NUMBER (of Decedent) 249-33-7818		5a. AGE - LAST BIRTHDAY (Years) 37		5b. UNDER 1 YEAR MOSES DAYS 37		6. DATE OF BIRTH (Month, Day, Year) Mar 20, 1964	
7. BIRTHPLACE (City and State, or Foreign Country) Pontypool, Wales		8. BIRTHPLACE (City and State, or Foreign Country) United Kingdom					
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input checked="" type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Blount Memorial Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Maryville		9d. COUNTY OF DEATH Blount	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Never Married		11. SURVIVING SPOUSE (If wife, give maiden name) Never Married		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) President		12b. KIND OF BUSINESS/INDUSTRY Vibration Consultants	
13a. RESIDENCE—STATE OH		13b. COUNTY Hamilton		13c. CITY, TOWN OR LOCATION Cincinnati		13d. STREET AND NUMBER OR RURAL LOCATION 2860 Erie Avenue	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 45208		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 4+					
17. FATHER'S NAME (First, Middle, Last) Lawrence Harold Williams				18. MOTHER'S NAME (First, Middle, Maiden Surname) Jill Pullen			
19a. INFORMANT'S NAME (Type/Print) Lawrence Williams				19b. RELATIONSHIP TO DECEASED Father			
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 117 Beechwood Drive Spartanburg, SC 29307							
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) East Tennessee Cremation Co.		20c. LOCATION—City or Town, State Maryville TN			
21a. SIGNATURE OF FUNERAL DIRECTOR A. Gordon Floyd		21b. LICENSE NUMBER OF FUNERAL DIRECTOR SC 1576		21c. SIGNATURE OF EMBALMER NA		21d. LICENSE NUMBER OF EMBALMER	
22a. NAME AND ADDRESS OF FUNERAL HOME Smith Mortuary Company, Inc. 1402 Tuckaleechee Pike, Maryville, TN 37803				22b. LICENSE NUMBER OF FUNERAL HOME 108			
23. REGISTRAR'S SIGNATURE Selena Norton L.R.				24. DATE FILED (Month, Day, Year) November 21, 2001			
25a. PHYSICIAN 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN 2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER Robert Potter				25b. LICENSE NUMBER 17858		25c. DATE SIGNED (Month, Day, Year) 11/20/01	
26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Robert Potter 907 E. Lamar Alexander Pkwy, Maryville, TN 37804							
27. PART I. Enter the disease, 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. massive head trauma DUE TO (OR AS A CONSEQUENCE OF): b. motorcycle accident 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							
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes N/A 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input checked="" type="checkbox"/> Accidental 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year) 10/27/01		31b. TIME OF INJURY 11:00 AM		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED Driver lost control of motorcycle and ran into water tower		31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 45129, 2.0 miles from "The Overlook" Blount Co.			

PH-1659
REV. 2-93

BIRTH NO.

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD FILED WITH THE TENNESSEE DEPARTMENT OF PUBLIC HEALTH, VITAL RECORDS, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Selena Norton L.R.
DEPUTY REGISTRAR

PATENT

REEL: 014363 FRAME: 0640

7m6

PROBATE COURT OF HAMILTON COUNTY, OHIO

ENTERED

ESTATE OF JEREMY WILLIAMS
 CASE NO. 2001005860

DEC 5 2001

DECEASED

IMAGE No. 124

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY

[For Executors and all Administrators]

Name and Title of Fiduciary Brenda M. Kloos

Administrator

On hearing in open Court the application of the above fiduciary for authority to administer decedent's estate, the Court finds that:

Decedent died [check one of the following] ☐ testate - ☒ intestate - on October 27, 2001,
 domiciled in Ohio

[Check one of the following] ☐ Bond is dispensed with by the Will - ☐ Bond is dispensed with by law - ☒ Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust.

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

Date

12-5-01

Probate Judge

Claire V. Rogus
 Claire V. Rogus
 Drew & Ward Co., LPA
 One West Fourth Street, 24th Floor
 Cincinnati, Ohio 45202
 (513) 621-8210
 Attorney Reg. No.: 0065063

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

STATE OF OHIO COUNTY OF HAMILTON
 COURT OF COMMON PLEAS PROBATE DIVISION
 THIS IS TO CERTIFY THAT THE FOREGOING IS A
 TRUE AND CORRECT COPY OF LETTERS ISSUED
 (AND WILL ADMITTED TO PROBATE) BY THIS
 COURT AND THAT SAID APPOINTMENT IS STILL
 IN FORCE AND EFFECT AS OF THIS DATE
 WITNESS MY HAND AND SEAL OF SAID COURT
 THIS 23 DAY OF July 2003

JAMES CISSELL, Judge & Ex Officio Clerk

Deputy Clerk

Probate Judge/Clerk

by

Date

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY

7/1/77

RECORDED: 08/11/2003

PATENT
 REEL: 014363 FRAME: 0641