


RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1595 (Rev 10/02) 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): Pearl Porterfield sole heir to John Robert Porterfield (Deceased) Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name <u>Pearl Porterfield</u> Internal Address: _____ Street Address: <u>801 Middlefield Road,</u> <u>Apt. No. 3, Palo Alto, CA 94301</u> City: <u>Palo Alto</u> State: <u>CA</u> Zip: <u>94301</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>April 23, 2004</u>		
4. Application number(s) or patent number(s): U.S. Patent No. 6,513,154 B1 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) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Omar M. Farooqui, Esq.</u> Internal Address _____ Street Address: <u>Dillingham & Murphy, LLP</u> <u>225 Bush Street; Sixth Floor</u> City: <u>San Francisco</u> State: <u>CA</u> Zip: <u>94104</u>	6. Total number of applications and patents involved. <input type="checkbox"/> 1 7. Total fee (37 CFR 3.41)..... \$ 40.00 <input type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number _____	
DO NOT USE THIS SPACE		
9. Signature. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Omar M. Farooqui, Esq.</u> Name of Person Signing </div> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>APRIL 30, 2004</u> Date </div> </div>		
Total number of pages including cover sheet, attachments, and documents. 14		

CP \$40.00 6513154

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

**ASSIGNMENT OF U.S. PATENT No. 6,513,154 B1
"SYSTEM AND METHOD FOR TESTING OF COMPUTER PROGRAMS
IN PROGRAMMING REPORT"**

WHEREAS, John Robert Porterfield (Deceased) ("ASSIGNOR"), whose former address was 1626 Pierce Street, #308 San Francisco, California 94115, has invented certain new and useful improvements which resulted in the grant of a United States Letters Patent entitled, "System and Method for Testing of Computer Programs in Programming Report", United States Patent Number 6,513,154 B1, ("PATENT"), issued on January 28, 2003; and,

WHEREAS Pearl Porterfield, sole heir to John Robert Porterfield (Deceased), located at 801 Middlefield Road, Apartment No. 3, Palo Alto, California 94301, together with any successors, legal representatives or assigns thereof, ("ASSIGNEE"), wants to acquire the entire right, title and interest in and to said PATENT and its improvements and related developments.

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR has sold, assigned, transferred and set over, and does hereby sell, assign, transfer and set over to ASSIGNEE the entire right, title and interest in and to said PATENT and its improvements and related developments, including all divisions and continuations thereof, and all United States patents which may be granted thereon and all reissues, reexaminations and extensions thereof, and all priority rights under all available international agreements, treaties and conventions for the protection of intellectual property in its various forms in every participating country, and all applications for patents (including related rights such as utility-model registrations, inventor's certificates, and the like) heretofore or hereafter filed for said improvements and related developments in any foreign countries, and all patents (including all continuations, divisions, extensions, renewals, substitutes, and reissues thereof) granted for said improvements and related developments in any foreign countries; and,

ASSIGNOR HEREBY authorizes and requests the United States Commissioner of Patents and Trademarks, and any officials of foreign countries whose duty it is to issue patents on applications as aforesaid, to issue all patents for said improvements and related developments to ASSIGNEE in accordance with the terms of this Assignment; and,

ASSIGNOR HEREBY covenants that ASSIGNOR has full right to convey the entire interest herein assigned, and that ASSIGNOR has not executed, and will not execute, any agreement in conflict herewith; and,

ASSIGNOR HEREBY further covenants and agrees that ASSIGNOR will communicate to ASSIGNEE any known facts respecting said improvements and related developments, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuation, substitute and reissue applications, make all rightful oaths and generally do everything possible to aid ASSIGNEE to obtain and enforce proper patent protection for said improvements in all countries.

IN TESTIMONY WHEREOF, ASSIGNOR hereunto sets his hand this 23 day of April 2004, at Palo Alto, California.

Pearl Porterfield
Pearl Porterfield sole heir to John Robert Porterfield (Deceased)

**DECLARATION OF PEARL PORTERFIELD IN SUPPORT OF ASSIGNMENT
OF U.S. PATENT NO. 6,513,154 B1 "SYSTEM AND METHOD FOR TESTING OF
COMPUTER PROGRAMS IN PROGRAMMING REPORT" FROM JOHN R.
PORTERFIELD TO PEARL PORTERFIELD**

I, Pearl Porterfield, herewith declare as follows:

1. I am the biological mother of John Robert Porterfield;
2. My son, John Robert Porterfield was born at Mt. Sinai Hospital in Manhattan, New York, on September 23, 1959 at 1:16 a.m. to me and my now deceased ex-husband, Robert William Porterfield (see attachment A);
3. Robert William Porterfield died on August 8, 2003;
4. John Robert Porterfield was the only child born to me and Robert William Porterfield;
5. My son, John Robert Porterfield, died at his residence on February 12, 2004 at 5:40 p.m. in the City and County of San Francisco, State of California (see attachment B);
6. The cause of his death is still being investigated and/or tested by the City and County of San Francisco, State of California (see attachment B);
7. My son, John Robert Porterfield, died without a last will and testament;
8. My son, John Robert Porterfield, died without any issue of his own as defined by the California Probate Code § 50 (see attachment C);
9. I, Pearl Porterfield, am the sole surviving parent of my deceased son, John Robert Porterfield;
10. As the sole surviving parent, any right, title and/or interest in John Robert Porterfield's estate, shall pass to me via assignment of that right, title and/or interest in accordance with the laws of intestate succession, California Probate Code § 6402(b) (see attachment D).

I declare under penalty of perjury the foregoing is true and correct. Executed this 23rd day of April, 2004 at Palo Alto, California

Pearl Porterfield
Pearl Porterfield sole heir to John Robert Porterfield (Deceased)

ACKNOWLEDGMENT

STATE OF California
COUNTY OF Santa Clara

On April 23, 2004 before me Roumiana A. Kadiev Notary Public, personally appeared Pearl Porterfield ~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that ~~he~~ ^{she} executed the same in ~~his~~ ^{her} authorized capacity, and that by ~~his~~ ^{her} signature on the instrument the person, or the entity upon behalf of which the person acted, executed the Instrument.

WITNESS my hand and official seal.

Roumiana A. Kadiev
Signature of Notary



ATTACHMENT A

BUREAU OF RECORDS AND STATISTICS

Borough of **MANHATTAN** New York, N. Y.

DEC 1 1959

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

Certificate of Birth

100-59-737477

1. Full name of child JOHN ROBERT PORTERFIELD		2. Date of birth SEP 23 1959		3. Time of birth 11:30	
4. Sex Male	5. Number of children born of this mother 1	6. If more than one, number of this child in order of birth	7. Hospital, name and address	8. Name and address of physician	9. Name and address of attendant
10. Full name of father Robert William Porterfield			11. Full name of mother Pearl Kelock		
12. Color of hair White			13. Color of eyes White		
14. Birthplace (City, State, or country) New York, N. Y.			15. Residence (City, State, or country) Montreal, Canada		
16. Occupation Electrical Engineer			17. Occupation Electronics		
18. Name of hospital WILLIAM STEWART					

Print from the mailing address of mother. Copy of this certificate will be mailed to her when it is filed with the Department of Health.

Name **Mrs. Pearl Porterfield**
 Address **251 Lexington Avenue**
 City **New York** State **NY**

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

CARL L. ERNARDT Director of Bureau BY *William Stewart* Borough Registrar

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OR ALTERATION OF THIS TRANSCRIPT IS PROHIBITED BY SECTION 3.21 OF THE NEW YORK CITY HEALTH CODE.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

ATTACHMENT B

CITY AND COUNTY OF SAN FRANCISCO

CERTIFICATE OF DEATH

3200438000778

STATE PLATE NUMBER		USE BLACK INK ONLY / NO DAMBLES, UNDERLINES OR ALTERNATION		LOCAL REGISTRATION NUMBER	
1. NAME OF OCCIDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JOHN		ROBERT		PORTERFIELD	
4. DATE OF BIRTH (month/year)		5. AGE (Yrs)		6. SEX	
09/23/1959		44		M	
7. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
NY		064-54-3955		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARRITAL STATUS (at Time of Death)		13. DATE OF DEATH (month/year)		14. HOUR (on 24 HOUR)	
Divorced		02/12/2004		1740	
15. DECEDENT'S RACE - (up to 3 races may be used (see instructions on back))		16. DECEDENT'S HAIR - (up to 3 colors may be used (see instructions on back))		17. USUAL OCCUPATION - Type of work in which he or she DO NOT USE RETIRED	
White		White		Programmer	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail store, contractor, employment agency, etc.)		19. YEARS IN OCCUPATION		14	
Computer					
20. DEPENDENT RESIDENCE (Street and number or box)					
1626 Pierce Street, #308					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
San Francisco		San Francisco		94115	
24. YEARS IN COUNTY		25. STATE/PROVINCE COUNTRY			
10		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
Pearl Porterfield - Mother					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
801 Middlefield Road, #3, Palo Alto, CA 94301					
28. NAME OF FATHER - FIRST		29. MIDDLE		30. LAST (maiden name)	
Robert		A.		Porterfield	
31. NAME OF MOTHER - FIRST		32. MIDDLE		33. LAST (maiden name)	
Pearl		L.		Zaluck	
34. BIRTH STATE		35. BIRTH STATE		36. BIRTH STATE	
NY		NY		Canada	
37. DATE OF DEATH (month/year)		38. PLACE OF FINAL DISPOSITION			
02/20/2004		At Sea, Off the Coast of San Francisco County, California			
39. TYPE OF DISPOSITION		40. SIGNATURE OF EXAMINER		41. LICENSE NUMBER	
CR/SEA		Not Embalmed			
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER		44. DATE (month/year)	
Hogan, Sullivan & Bianco		FD 714		02/18/2004	
45. PLACE OF DEATH		46. IF HOSPITAL SPECIFY ONE		47. IF OTHER THAN HOSPITAL SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> SWP <input type="checkbox"/> OCM		<input type="checkbox"/> Home <input checked="" type="checkbox"/> Hosp <input type="checkbox"/> Other	
48. COUNTY		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		50. CITY	
SAN FRANCISCO		1626 PIERCE ST #208		SAN FRANCISCO	
51. CAUSE OF DEATH		52. DEATH REPORTED TO CORONER		53. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (Free choice of coroner reporting in detail)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. UNDERLYING CAUSE (Free choice of coroner reporting in detail)		55. SUFFICIENT PERFORMANCE		56. SUFFICIENT PERFORMANCE	
"PENDING" Further Investigation and/or Testing		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		58. IF PERMITS PRESENT IN LAST YEAR		59. IF PERMITS PRESENT IN LAST YEAR	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
60. IDENTIFY THAT TO THE BEST OF HIS KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED WITHIN THE CHIEF'S STATE		61. SIGNATURE AND TITLE OF CHIEF		62. LICENSE NUMBER	
63. IDENTIFY THAT IN AN OPEN DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED WITHIN THE CHIEF'S STATE		64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		65. DATE (month/year)	
66. PLACE OF BIRTH (e.g., home, institution, etc., include area, etc.)		67. BURNED AT BIRTH?		68. BIRTH DATE (month/year)	
69. DESCRIBE HOW INJURY OCCURRED (include vehicle involved in injury)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		69. HOUR (on 24 HOUR)	
70. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		71. SIGNATURE OF CORONER / DEPUTY CORONER		72. DATE (month/year)	
73. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER		HERB HAWLEY MEDICAL EXAM ADMINISTRATOR		02/13/2004	
STATE REGISTRAR		FAX AUTH #		CORONER TRACT	



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date of this certificate.

DATE ISSUED: FEB 24 PM 12:06

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



Mitchell Katz, M.D.
 Health Officer and Local Registrar



ATTACHMENT C

Westlaw.

Page 1

Wes's Ann.Cal.Prob.Code § 50

C
West's Annotated California Codes Currentness (Refs & Annos)

Probate Code (Refs & Annos)

Division 1. Preliminary Provisions and Definitions (Refs & Annos)

Part 2. Definitions (Refs & Annos)

→ § 50. Issue

"Issue" of a person means all his or her lineal descendants of all generations, with the relationship of parent and child at each generation being determined by the definitions of child and parent.

ATTACHMENT D

Westlaw

West's Ann.Cal.Prob Code § 6402

C

West's Annotated California Codes Currentness

Probate Code (Refs & Annos)

Division 6. Wills and Intestate Succession (Refs & Annos)

Part 2. Intestate Succession (Refs & Annos)

Chapter 1. Intestate Succession Generally (Refs & Annos)

→ § 6402. Intestate estate not passing to surviving spouse of surviving domestic partner

Except as provided in Section 6402.5, the part of the intestate estate not passing to the surviving spouse or surviving domestic partner, as defined in subdivision (b) of Section 37, under Section 6401, or the entire intestate estate if there is no surviving spouse or domestic partner, passes as follows:

(a) To the issue of the decedent, the issue taking equally if they are all of the same degree of kinship to the decedent, but if of unequal degree those of more remote degree take in the manner provided in Section 240.

(b) If there is no surviving issue, to the decedent's parent or parents equally.

(c) If there is no surviving issue or parent, to the issue of the parents or either of them, the issue taking equally if they are all of the same degree of kinship to the decedent, but if of unequal degree those of more remote degree take in the manner provided in Section 240.

(d) If there is no surviving issue, parent or issue of a parent, but the decedent is survived by one or more grandparents or issue of grandparents, to the grandparent or grandparents equally, or to the issue of those grandparents if there is no surviving grandparent, the issue taking equally if they are all of the same degree of kinship to the decedent, but if of unequal degree those of more remote degree take in the manner provided in Section 240.

(e) If there is no surviving issue, parent or issue of a parent, grandparent or issue of a grandparent, but the decedent is survived by the issue of a predeceased spouse, to that issue, the issue taking equally if they are all of the same degree of kinship to the predeceased spouse, but if of unequal degree those of more remote degree take in the manner provided in Section 240.

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West's Ann.Cal.Prob.Code § 6402

(f) If there is no surviving issue, parent or issue of a parent, grandparent or issue of a grandparent, or issue of a predeceased spouse, but the decedent is survived by next of kin, to the next of kin in equal degree, but where there are two or more collateral kindred in equal degree who claim through different ancestors, those who claim through the nearest ancestor are preferred to those claiming through an ancestor more remote.

(g) If there is no surviving next of kin of the decedent and no surviving issue of a predeceased spouse of the decedent, but the decedent is survived by the parents of a predeceased spouse or the issue of those parents, to the parent or parents equally, or to the issue of those parents if both are deceased, the issue taking equally if they are all of the same degree of kinship to the predeceased spouse, but if of unequal degree those of more remote degree take in the manner provided in Section 240.