

06-16-2004

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102767684

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Document ID# 102580145

☐ Correction of PTO Error
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☒ Assignment ☐ Security Agreement

☐ License ☐ Change of Name

☐ Merger ☐ Other

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☐ Departmental File ☐ Secret File

Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Execution Date
Month Day Year
10112003

Name (line 1) Frances G. Devine, Jr.

Name (line 2) Personal Representative of the Estate of Edward Devine, Deceased

Second Party

Name (line 1)

Name (line 2)

Receiving Party

☐ Mark if additional names of receiving parties attached

Name (line 1) Andrew Corporation

Name (line 2)

Address (line 1) 10500 West 153rd Street

Address (line 2)

Address (line 3) Orland Park

IL

60462

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

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Mail Stop Assignment Recordation Services, Director of the United States Patent and Trademark Office,
P.O. Box 1450, Alexandria, VA 22313-1450

PATENT

REEL: 015453 FRAME: 0058

Correspondent Name and Address

Area Code and Telephone Number

317-231-7382

Name Jeffrey A. Michael, Esquire

Address (line 1) Barnes & Thornburg LLP

Address (line 2) 11 South Meridian Street

Address (line 3) Indianapolis, IN 46204

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

4

Application Number(s) or Patent Number(s)

☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

10/411,622

If this document is being filed together with a new Patent Application, enter the date the patent application was

Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT

PCT

PCT

PCT

PCT

PCT

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

40.00 *

Method of Payment:

Enclosed ☒

* Deposit Account ☐

Deposit Account * Submitted with original request as attached

(Enter for payment by deposit account or if additional fees can be charged to the

Deposit Account Number:

10-0435

Authorization to charge additional fees:

Yes ☐

No ☒

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. Charges to deposit account are authorized, as indicated herein.

JEFFREY A. MICHAEL
Name of Person Signing


Signature

JUNE 8, 2004
Date

Form PTO-1595
(Rev. 10/02)
JMB No. 0651-0027 (exp. 6/30/2005)
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10-21-2003
102580145

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

To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Estate of Edward Devine, Deceased

2. Name and address of receiving party(ies)
Name: **Andrew Corporation**

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

Internal Address:

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other

Street Address: **10500 West 153rd Street**

City: **Orland Park** State: **IL** Zip: **60462**

Execution Date: **10/11/2003**

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)
10/411,622

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: **Jeffrey A. Michael, Esquire**

Internal Address: **Barnes & Thornburg**

Street Address: **11 South Meridian Street**

City: **Indianapolis** State: **IN** Zip: **46204**

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:

10-0435

(Attach duplicate copy of this page if paying by deposit account)

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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.

Jeffrey A. Michael
Name of Person Signing

Jeffrey A. Michael
Signature

October 15, 2003
Date

Total number of pages including cover sheet, attachments, and documents: **5**

ASSIGNMENT TO BUSINESS CONCERN

Attorney Docket No.: 8392-72492

Client Reference No.: AC-694

ASSIGNMENT

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration paid to each of the undersigned,

Name(s) of Inventor(s) Estate of Edward Devine, Deceased,

_____, and,

maker(s) of an invention which is the subject of an application for Letters Patent of the United States ("Application") entitled

Title of Application SURGE LIGHTNING PROTECTION DEVICE

the undersigned hereby sell(s), assign(s), and set(s) over to

Name of Assignee Andrew Corporation

Address of principal place of business 10500 West 153rd Street
Orland Park, IL 60462

Insert State of Incorporation (if applicable) or "Not Applicable" a corporation of Delaware

(hereinafter designated as the Assignee) their entire right, title, and interest in, to, and under the Application, including all priority rights for other countries arising therefrom, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, including Canada, which may be granted for such inventions, or any of them, all such inventions and all rights in such Application and Letters Patent to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

The undersigned agree(s) to execute all papers necessary in connection with the application(s) in the United States and foreign countries and any continuing, divisional, or reissue applications thereof, and any reexamination of any of such applications, and also to execute separate assignments in connection with such applications as the Assignee may deem necessary or expedient.

The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared or litigation concerning the application(s) or continuation, division, reissue, or reexamination thereof, and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such interference or litigation.

The undersigned agree(s) to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

ASSIGNMENT TO BUSINESS CONCERN

The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting from said application(s) or any division or divisions or continuing or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grant(s) the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN WITNESS WHEREOF, I have executed this assignment at Shererville, IN
this 11 day of OCTOBER, 2003.

Outside the USA: _____
Witnesses are required when acknowledgment before a Notary Public is not feasible. _____
Witness

Estate of Edward Devine, Deceased Inventor

By: Frances G. Devine, Jr.
Frances G. Devine, Jr.
Personal Representative of the Estate of
Edward Devine, Deceased

ACKNOWLEDGMENT

STATE OF INDIANA }
COUNTY OF MARION } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal
this 11th day of October, 2003.

Jeffrey A. Michael
Notary Public
JEFFREY A. MICHAEL
Printed Name

My Commission Expires: JUNE 25, 2008

Resident of MARION County

U.S. Application Serial No. 10/411,622
Filing Date 10 April 2003

CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS
DISTRICT 16.34

STATE OF ILLINOIS

STATE FILE
NUMBER

☒ **PERMANENT
CERTIFICATE**

☐ **TEMPORARY
CERTIFICATE**

REGISTRATION
DISTRICT NO. **16.34**

REGISTERED
NUMBER: **490-3-2002**

**MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH**

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS A DECEASED B C D E	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. Edward				Devine	Male	3. March 27, 2002
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YR:3)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 44	5b. MO: DAYS	5c. MO: MIN.	5d. July 22, 1957	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
6a. Harvey BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Evergreen Park SOCIAL SECURITY NUMBER 10. 356-50-0500 RESIDENCE (STREET AND NUMBER)	6b. Ingalls Memorial Hospital		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		6c. NO		
	8a. Never Married		8b. None		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	11a. Engineer		11b. Communication		12. 3		
	13a. 1531 Lincoln place		13b. Calumet City		13d. Cook		
	13c. IL		13d. 60409		14a. White		
PARENTS 15. Francis Devine INFORMANT'S NAME (TYPE OR PRINT) 17a. John Devine 18. PART I.	15. Francis Devine		16. Marion Jones		17b. Brother		
	17c. 392 Larimar Trail, Valparaiso, IN		17d. 46385				
	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.						
	(a) Obesity DUE TO, OR AS A CONSEQUENCE OF						
	(b) Seizure Disorder DUE TO, OR AS A CONSEQUENCE OF						
CAUSE CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	NATURAL ACCIDENT, HOMICIDE, SUICIDE, AND NOT EXAMINED, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		
	20a. Natural		20b. March 27, 2002		20c. M. 20d.		
	20e. INJURY AT WORK (YES/NO)		20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		20g. LOCATION (CITY, VIL. OR TOWN; OR TWP. OR RD. DIST. NO., COUNTY, STATE)		
	20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20i. YES <input type="checkbox"/> NO <input type="checkbox"/>				
	I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED; AND THAT						
CERTIFIER 21a. P. D. Donaghy, M.D. CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. EUPIL CHOI, M.D. CORONER'S PHYSICIAN'S NAME (Type or Print)	21b. March 27, 2002		21c. 4:15 p. M.		21d. DATE SIGNED (MONTH, DAY, YEAR)		
	22b. March 28, 2002		22c. DATE SIGNED (MONTH, DAY, YEAR)		22d. DATE SIGNED (MONTH, DAY, YEAR)		
	22e. DATE SIGNED (MONTH, DAY, YEAR)		22f. DATE SIGNED (MONTH, DAY, YEAR)				
	22g. DATE SIGNED (MONTH, DAY, YEAR)		22h. DATE SIGNED (MONTH, DAY, YEAR)				
	22i. DATE SIGNED (MONTH, DAY, YEAR)						
DISPOSITION 23a. Burial BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial FUNERAL HOME 25a. Drumm Funeral Home, 1200 E. 162nd St., South Holland, Illinois 60473 FUNERAL DIRECTOR'S SIGNATURE 25b. David C. Hobak LOCAL REGISTRAR'S SIGNATURE 26a. Charles L. Davis	23b. Cemetery or Crematory-NAME		23c. LOCATION		23d. CITY OR TOWN		
	23e. 24b. Holy Sepulchre		23f. 24c. Alsip, Illinois		23g. 24d. April 2, 2002		
	23h. 24e. STATE		23i. 24f. STATE		23j. 24g. ZIP		
	23k. 24h. STATE		23l. 24i. STATE		23m. 24j. ZIP		
	25c. 034-011919 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. APR 01 2002 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						

VR202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

DATE ISSUED **APR 01 2002**

ISSUED AT:

CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

GWENDOLYN L. DAVIS
LOCAL REGISTRAR

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

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

County Department, Probate Division

Estate of

EDWARD B. DEVINE

No. 2002 P 3224

Docket 88

Page 337

Deceased

LETTERS OF OFFICE - DECEDENT'S ESTATE

FRANCES G. DEVINE, JR.

has been appointed

Independent

Executor

of the estate of

EDWARD B. DEVINE

, deceased,

who died March 27, 2002, and is authorized to take possession of and collect the estate

the decedent and to do all acts required by law.

NO ASSET OF THE ESTATE WILL BE REMOVED FROM ILLINOIS UNTIL THE CLOSING OF THE ESTATE
OR BY ORDER OF COURT.

BS

Witness, April 30, 2002

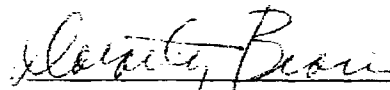
Aurelia Pucinski
Clerk of Court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in the estate.

DB

Witness, MAY 05, 2002


Clerk of Court

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS