Form PTO-1595 (Rev. 09/04)
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U.S. DEPARTMENT OF COMMERCE
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RECORDATION FORM COVER SHEET
PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Teresa Hart (DEC'D 8-14-04)

Execution Date(s) 8/14/04 (August 14, 2004)

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

2. Name and address of receiving party(ies)

Name: William B. Hart, Sr.

Internal Address:

Street Address: 5501 Brancifforte Drive

City: Santa Cruz

State: California

Country: USA Zip: 95065-9668

Additional name(s) & address(es) attached? ☑ Yes ☐ No

3. Nature of conveyance:

☑ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other

4. Application or patent number(s): ☐ This document is being filed together with a new application.

A. Patent Application No.(s)

US5,847,331 (Date 12/08/98)

US6,186,269 B1 (Date 2/13/01)

US6,431,308 B1 (Date 8/13/02)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

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

Name: Olga J. Hart

Internal Address:

Street Address: 5501 Branciforte Dr

City: Santa Cruz

State: California Zip: 95065-9668

Phone Number: 831-426-3303

Fax Number: 831-459-8169

Email Address: Hartsacre@msn.com

6. Total number of applications and patents involved: 3

7. Total fee (37 CFR 1.21(h) & 3.41) $ 120.00

☒ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers 3324
Expiration Date 07/2005

b. Deposit Account Number N/A

Authorized User Name William B. Hart

9. Signature: Teresa Hart, by Olga J. Hart 2-2-05

Signature Date

OLGA J. Hart (Daughter)

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 6

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

OP $120.00 6186269

RECORDATION COVER SHEET

PATENTS ONLY ADDITIONAL NAME

2. Name and address of receiving party.

Name: Olga J. Hart

Street Address: 5501 Branciforte Drive

City: Santa Cruz,

State: California

Country: USA Zip: 95065-9668

ASSIGNMENT AGREEMENT

Teresa Hart assigns her patents to her parents William B. Hart, Sr. and Olga J. Hart on 8/14/04 the date of her death as she died in testate. She had no surving spouse of children.

Patent Numbers: 5,847,331, 6,186,561 B1 and 6,431,308 B1

by William B Hart sr. Date 8-14-04
Signature

by Olga J. Hart Date 8-14-04
Signature

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER | (DO NOT BLACKINK ONLY) NO ALTERATIONS, WHITEOUT OR ALTERATIONS VS-11 (REV. 1/97) | 3-2004-44-000984 LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
TERESA	LOUISE	HART

AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs.	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
08/14/1962	42			F

7. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	9. DATE OF DEATH mm/dd/yyyy	8. HOUR (24 Hours)
CALIFORNIA	552-98-6002	YES [ ] NO [X] UNK [ ]	NEVER MARRIED	08/14/2004	Fn 0900

13. EDUCATION — Highest Level/Degree (see instructions on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see instructions on back)	16. DECEDENT'S RACE — One or more races may be listed (see instructions on back)
ASSOCIATE	YES [ ] NO [X]	WHITE

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, state construction, employment agency, etc.)	19. YEARS IN OCCUPATION
TECHNICIAN	MEDICAL	10

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
23777 E CLIFF DR #1				
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SANTA CRUZ	SANTA CRUZ	95062	42	CALIFORNIA

SPOUSE/PARENT INFORMATION

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or Rural Route number, city or town, state, ZIP)
WILLIAM HART, SR FATHER	3501 BRANCIFORTE DR SANTA CRUZ CA 95065

28. NAME OF SURVIVING SPOUSE — FIRST	28. MIDDLE	28. LAST (Married Name)	
—		—	
29. NAME OF FATHER — FIRST	**29. MIDDLE**	**29. LAST**	**29. BIRTH STATE**
WILLIAM	BRADFORD	HART	CA
30. NAME OF MOTHER — FIRST	**30. MIDDLE**	**30. LAST (Maiden)**	**30. BIRTH STATE**
OLGA	JOSEFINE	TINETTI	CA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/yyyy	40. PLACE OF FINAL DISPOSITION		
08/19/2004	HOLY CROSS CEMETERY SANTA CRUZ CA		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		**43. LICENSE NUMBER**
BURIAL			7026
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE RECEIVED BY LOCAL REGISTRAR mm/dd/yyyy**
PACIFIC GARDENS CHAPEL	FD 799		08/18/2004

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
Woods	ER [ ] Inpt [ ] Dead on Arrival [ ]	Hospice [ ] Nursing Home/SNF [ ] Residence [ ] Other [X]

104. COUNTY	105. FACILITY ADDRESS OR LOCATION — IF NOT KNOWN, GIVE STREET NUMBER	106. CITY
Santa Cruz	1070 Happy Valley Road	Santa Cruz

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (A)	Asphyxiation	(AT) mins	YES [X] NO [ ] Autopsy Number 04-7416
(B)	Hanging	(BT) mins	109. BIOPSY PERFORMED? YES [ ] NO [X]
(C)		(CT)	110. AUTOPSY PERFORMED? YES [X] NO [ ]
(D)		(DT)	111. USED IN DETERMINING CAUSE? YES [X] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107

Depressive Reaction by History

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 112? (If yes, list type of operation and date.)	114. IF FEMALE, PREGNANT IN LAST YEAR?
No	YES [ ] NO [X] UNK [ ]

PHYSICIAN'S CERTIFICATION

115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attained Birthday (A) mm/dd/yyyy	Decedent Last Seen Alive (D) mm/dd/yyyy	116. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/yyyy

118. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: Natural [ ] Accident [ ] Homicide [ ] Suicide [X] Pending Investigation [ ] Could not be determined [ ]	120. INJURED AT WORK? YES [ ] NO [X] UNK [ ]	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)
		Unknown	Unknown

123. PLACE OF INJURY (e.g., home, construction site, wilderness area, etc.)

Woods

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

The decedent hanga hereelf from a tree branch.

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

1070 Happy Valley Road Santa Cruz 95065

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
	08/18/2004	S. Plaskett, Deputy Coroner

STATE REGISTRAR	A	B	C	D	E		TAX AUTH. #	CENSUS TRACT
							000964	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CRUZ } ss

DATE ISSUED AUG 19 2004

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This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

CHIEF PUBLIC HEALTH OFFICER
SANTA CRUZ, CALIFORNIA

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