

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Mary Daniels	07/12/2005
RECEIVING PARTY DATA	
Name:	Mary Daniels
Street Address:	P.O. Box 67
City:	Ainsworth
State/Country:	NEBRASKA
Postal Code:	69210
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	5502929
CORRESPONDENCE DATA	
Fax Number:	(402)392-0734
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	402-392-2280
Email:	trisdale@thomtelaw.com
Correspondent Name:	Shane M. Niebergall
Address Line 1:	2120 South 72nd Street
Address Line 2:	Suite 1111
Address Line 4:	Omaha, NEBRASKA 68124
NAME OF SUBMITTER:	Shane M. Niebergall
Total Attachments: 2 source=Daniels-Daniels#page1.tif source=Daniels-Daniels#page2.tif	

CH \$40.00 5502929

# ASSIGNMENT OF PATENT

Docket Number (optional)

Whereas, I, Mary Daniels, legal representative of the estate of Duane Daniels, hereinafter referred to as patentee, did obtain a United States Patent for an improvement in COMBINATION WIND AND SUN BARRIER

No. 5,502,929, dated April 2, 1996; and whereas, I am now the sole owner of said patent, and,

Whereas, Mary Daniels  
of Ainsworth, NE

hereinafter referred to as "assignee" whose mailing address is  
P.O. Box 67, Ainsworth, NE 69210

City of Ainsworth, and State of Nebraska

is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I, the patentee, by these presents do sell, assign and transfer unto said assignee the entire right, title and interest in and to the said Patent aforesaid; the same to be held and enjoyed by the said assignee for his own use and behoof, and for his legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 12 day of July, 20 05,

at Ainsworth, NE

State of \_\_\_\_\_

County of \_\_\_\_\_ SS:

Before me personally appeared said \_\_\_\_\_

and acknowledge the foregoing instrument to be his free act and deed this \_\_\_\_\_ day

of \_\_\_\_\_, 20 \_\_\_\_\_.

*Mary Daniels*

MARY DANIELS (Signature)

Legal representative of the  
estate of Duane D. Daniels.

Seal

(Notary Public)

## STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JAN 18 2005

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

COPY

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

## CERTIFICATE OF DEATH

05 00019

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Duane D. Daniels			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) January 1, 2005	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Ainsworth, Nebraska			5a. AGE-Last Birthday (Yrs.) 75		5b. UNDER 1 YEAR MOS. DAYS	
7. SOCIAL SECURITY NUMBER 505-28-5298			5c. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) October 29, 1929	
8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EP/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			8b. FACILITY NAME (If not institution, give street and number) Brown County Hospital			
8c. CITY OR TOWN OF DEATH (Include Zip Code) Ainsworth 69210			8d. COUNTY OF DEATH Brown			
9a. RESIDENCE STATE Nebraska		9b. COUNTY Brown		9c. CITY OR TOWN Ainsworth		
9d. STREET AND NUMBER PO Box 67			9e. APT. NO.		9f. ZIP CODE 69210	
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name. Mary E. Harris			
11. FATHER'S NAME (First, Middle, Last, Suffix) Charles L. Daniels			12. MOTHER'S NAME (First, Middle, Maiden Surname) Mary E. Mizner			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No			14a. INFORMANT NAME Mary E. Daniels		14b. RELATIONSHIP TO DECEDENT Wife	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)			16a. EMBALMER'S SIGNATURE <i>James H. H. H.</i>		16b. LICENSE NO. 1105	
16c. DATE (Mo., Day, Yr.) January 6, 2005			16d. CEMETERY, CREMATORY OR OTHER LOCATION Ainsworth Cemetery			
16e. CITY / TOWN Ainsworth			16f. STATE Nebraska			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Hoch Funeral Homes, Inc. 1320 East Fourth Street Ainsworth, Nebraska			17b. Zip Code 69210			

## CAUSE OF DEATH (See instructions and examples)

18. PART I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			APPROXIMATE INTERVAL				
IMMEDIATE CAUSE:			onset to death				
(a) Cardio-respiratory failure			onset to death				
DUE TO, OR AS A CONSEQUENCE OF:			onset to death				
(b) Basaloid prostate cancer			onset to death				
DUE TO, OR AS A CONSEQUENCE OF:			onset to death				
(c)			onset to death				
DUE TO, OR AS A CONSEQUENCE OF:			onset to death				
(d)			onset to death				
18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.			19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m		22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)		21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED					
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CODE							

PATENT

RECORDED: 07/18/2005

REEL: 016274 FRAME: 0308