

03-11-2005

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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):**

Estate of Alphonso Peplinski

Execution Date(s) April 1, 2004

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

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

Name: Emily Peplinski

Internal Address: \_\_\_\_\_

Street Address: 28856 Flanders

City: Warren

State: MI

Country: USA Zip: 48088

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 Transfer on death/See attached

**4. Application or patent number(s):**

A. Patent Application No.(s)

This document is being filed together with a new application.

B. Patent No.(s)

4,926,700

Additional numbers attached?  Yes  No

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

Name: Kathleen S. Schultz, Esq.

Internal Address: \_\_\_\_\_

Street Address: 24405 Gratiot Avenue

City: Eastpointe

State: MI Zip: 48021

Phone Number: (586) 772-5700

Fax Number: (586) 772-5135

Email Address: kschultz23@yahoo.com

**6. Total number of applications and patents involved:**

1

**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

- 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 \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

**9. Signature:**

Emily Peplinski  
Signature

3/2/05

Date

Emily Peplinski

Name of Person Signing

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

3

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

03/10/2005 EDOOPER 00000021 4926700

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(40.00 DP)

**AFFIDAVIT OF DECEDENT'S SUCCESSOR  
FOR DELIVERY OF CERTAIN ASSETS OWNED BY DECEDENT**

Estate of ALPHONSO PEPLINSKI, Deceased

1. I am decedent's successor as surviving  spouse  adult child  other heir \_\_\_\_\_ specify \_\_\_\_\_
- devisee under the will dated \_\_\_\_\_.
- fiduciary or representative of \_\_\_\_\_ who is an heir or devisee and has a legal incapacity.  
Name \_\_\_\_\_

2. Decedent died a resident of Warren, Macomb County, Michigan on 04/01/2004  
City, township, or village and county and state Date

More than 28 days have passed since decedent's death.

3. No real property is included in the estate.

4. Decedent's estate, less liens and encumbrances, does not exceed \$15,000 (as adjusted for cost of living as provided in MCL 700.1210).

5. An application/petition for the appointment of a personal representative is not pending or has not been granted in any jurisdiction. A petition for assignment of an estate not exceeding \$15,000 (as adjusted for cost of living) has not been filed with a court.

6. I am entitled to payment or delivery of the property described as: Patent No. 4,926,700 dated 05/22/1990 and 1000 shares of Eagle Thread Verifier, Inc.

7. The name and address of each other person entitled to a share of the property and his/her proportion is as follows:

NAME	ADDRESS	RELATIONSHIP	SHARE %

8. A copy of the death certificate is attached.

Emily Peplinski  
Signature  
EMILY PEPLINSKI  
Name (type or print)  
28856 Flanders  
Address  
Warren, MI 48093  
City, state, zip

Subscribed and sworn to before me on 3-2-05, Macomb County, Michigan.  
Date

My commission expires: 3/28/06 Signature: Jacqueline Palazzolo  
Jacqueline Palazzolo  
Acting in Macomb County

**NOTICE:** A false statement on this affidavit may subject the person swearing to the statement to prosecution for perjury.

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

LF 0499  
CF



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
2431374

1. DECEDENT'S NAME (Print, Middle, Last) <b>Alphonso J. Peplinski</b>		2. DATE OF BIRTH (Month, Day, Year) <b>March 25, 1935</b>		3. SEX <b>Male</b>		4. DATE OF DEATH (Month, Day, Year) <b>April 1, 2004</b>	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include AKA's if any)				6a. AGE - Last Birthday (Years) <b>69</b>		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION: (Name of institution, give street and number and zip code) <b>St. John Macomb Hospital</b>				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>Warren</b>		7c. COUNTY OF DEATH <b>Macomb</b>	
8a. CURRENT RESIDENCE - STATE <b>Michigan</b>		8b. COUNTY <b>Macomb</b>		8c. LOCALITY (Check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE <b>Warren</b>		8d. STREET AND NUMBER (Include Apt. No. if applicable) <b>28856 Flanders</b>	
8e. ZIP CODE <b>48088</b>		9. BIRTHPLACE (City and State or Country) <b>Detroit, Michigan</b>		10. SOCIAL SECURITY NUMBER <b>372-34-7064</b>		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>12th Grade</b>	
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, i.e. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) <b>White</b>			13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe <b>Polish</b>			13b. HISPANIC ORIGIN (Yes or No) <b>No</b>	14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) <b>No</b>
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Designer</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) <b>Emily Jagle</b>	
19. FATHER'S NAME (Print, Middle, Last) <b>Harry Peplinski</b>				20. MOTHER'S NAME BEFORE FIRST MARRIED (Print, Middle, Last) <b>Helen Huait</b>			
21a. INFORMANT'S NAME (Type-print) <b>Emily Peplinski</b>		21b. RELATIONSHIP TO DECEDENT <b>Wife</b>		21c. MAILING ADDRESS (Street and Number of Rural Route, Highway, City or Village, State, Zip Code) <b>28856 Flanders, Warren, Michigan 48088</b>			
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Geneva, Storage (Specify) <b>Burial</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>Our Lady of Hope Cemetery</b>		23b. LOCATION - City or Village, State <b>Brownstown Twp., Michigan</b>			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER (of Licensee) <b>4518</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>Chas. Vetheyden, Inc. 28499 Schoenherr, Warren, Michigan 48088</b>			
27. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, autopsy, investigation, or by medical death recorded at the place of death, and due to the condition and manner stated. <i>[Signature]</i> Signature and Title <b>4/1/04 GR 25286</b>		28. ACTUAL OR PRESUMED TIME OF DEATH (Mo., Day, Yr.) <b>1810 P.M. April 1, 2004</b>		29. PRONOUNCED DEAD ON (Mo., Day, Yr.) <b>April 1, 2004</b>		30. TIME PRONOUNCED DEAD <b>1810 P.M.</b>	
27b. DATE SIGNED (Mo., Day, Yr.) <b>4/1/04</b>		27c. LICENSE NUMBER <b>GR 25286</b>		31. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>No</b>		32. PLACE OF DEATH (Hospital, Home, Assisted Living Facility, etc.) <b>Hospital</b>	
33. MEDICAL EXAMINER'S CASE NUMBER (If applicable)		34. NAME OF ATTENDING PHYSICIAN (Type or Print) <b>GERALD RAKOTIC M.D. 27450 Schoenherr Warren MI 48088</b>		35. NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Richard Paul Sulaka</b>			
36. REGISTRAR'S SIGNATURE <i>[Signature]</i>				37. DATE FILED (Month, Day, Year) <b>APR 02 2004</b>			
38. PART I. Enter the chain of events - disease, 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. Enter only one cause on a line. <b>Septic Shock</b>							
39. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Dysrhythmia</b>							
40. UNDERLYING CAUSE (Final disease or condition, if any, leading to the cause listed on line 39. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST) <b>Arteriosclerotic Heart Disease</b>							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. <b>Cancer of LARIX</b>							
39. MANNER OF DEATH - Accidental, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <b>NATURAL</b>		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>No</b>			
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, transportation site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Motor Vehicle, Pedestrian, etc. (Specify)			
41g. LOCATION - Street or RFD No.		41h. City, Village or Twp., State					

NAME OF DECEDENT  
For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

DCH-0483 10/03



THIS CERTIFIES THAT the above is a true copy of the facts recorded on the death certificate of the person named hereon, as filed in the CITY OF WARREN, CLERK'S OFFICE.

APR 02 2004  
Date

*[Signature]*  
Richard Paul Sulaka, City Clerk