

10-14-2005

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OMB No. 0651-0027 (exp. 6/30/2008)

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

RECORD 103099846  
**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)**

John Gilbert Prentiss

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

**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 2/13/05

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Joint Research Agreement  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☒ Other transfer upon death of owner

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

Name: Jennifer Morrill

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

Street Address: 740 Seminole Way

City: Palo Alto

State: CA

Country: USA Zip: 94303

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

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

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

20030191433

B. Patent No.(s)

5,690,679  
5,873,411 5,993,479  
5,520,089 6,343,704  
6,440,100

Additional numbers attached? ☐ Yes ☒ No

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

Name: Jennifer Morrill

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

Street Address: 740 Seminole Way

City: Palo Alto

State: CA Zip: 94303

Phone Number: 650-812-0576

Fax Number: \_\_\_\_\_

Email Address: prentiss-3343@yahoo.com

**6. Total number of applications and patents involved:** 7

**7. Total fee (37 CFR 1.21(h) & 3.41) \$** 280

- ☐ 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:**

Jennifer Morrill  
Signature

10/7/05  
Date

Jennifer Prentiss Morrill, Executrix John

Name of Person Signing Gilbert Prentiss

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

10/13/2005 ECOOPER 00000054 20030191433

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SEE ATTACHED: EXECUTOR PAPERS, WILL, DEATH CERTIFICATE

**PATENT**  
**REEL: 017065 FRAME: 0674**

Name and Address of Additional Receiving Parties:

Jessica Bard Prentiss  
2815 Blair Blvd.  
Nashville, Tenn 37212  
USA  
Individual: U.S. Citizenship

**BOTH PARTIES WISH TO TAKE TITLE AS TENANTS IN COMMON**

# **Last Will and Testament**

**of**

**John Gilbert Prentiss**

This is my will and I revoke all other Wills. I am married/seperated and have two adult children from a previous marriage.

## **I**

All claims against my estate arising at or after my death and all taxes payable from my estate or by reason of my death shall be paid from my residuary estate without apportionment.

## **II**

I give the remainder of my estate as follows:

My interest in 28 Keener Lane, Rabun Gap, GA to Katie Sophia Prentiss. My personal bank accounts, proceeds of \$500,000 Western Southern Life term life insurance and \$200,000 Home Mortgage Group Life Insurance policy (accidental death only), and my remaining shares in Adiri, Inc., to be distributed equally between Jennifer Prentiss Morrill and Jessica Prentiss.

My 1/2 interest in the cabin at 89 East Shore Road, Piseco, New York, my real estate in New Mexico, all intellectual property in my name and my family heirlooms/ antiques are to be divided equally between Jennifer Morrill and Jessica Prentiss and are not to be considered part of my cash estate for any distribution purposes.

It is my intent that my children, Jennifer Prentiss Morrill and Jessica Prentiss receive at least \$100,000 each in net proceeds from any cash portion of my estate. To the extent that their net cash proceeds exceed \$200,000, others who may receive various proceeds at the discretion of Jennifer and Jessica are: my former wife, Kris Geiger, my friends Bill Dean and Pam Barich, Glorieta, NM; Shanti Norris, Charlottesville, VA (for education expenses if her children are still in college or she or her children have unpaid education debts) and Martha (formerly Tom – now living in Menlo Park, CA?).

## **III**

I hereby appoint Jennifer Prentiss Morrill as paid Personal Representative of my Will, but in the event that she shall predecease me or fail to qualify, I appoint Jessica Prentiss as successor Personal Representative. They may choose substitutes at their election.

## **IV**

I wish to be cremated and have my remains scattered in Piseco Lake or wherever else my daughters may choose.

## **V**

I hereby declare that there is no person other than named or provided for in this Will who has any valid claim as an heir against my estate, but in the event that any person not named herein shall by judgment of a Court of competent jurisdiction, establish that he or she is entitled to a portion of my estate as an heir, or if any person whomsoever contest this, my Will, or makes a claim contrary or adverse to the provisions herein, I give to said person or persons the sum of \$1.00 and no more.

**PATENT**

**REEL: 017065 FRAME: 0676**

DATED this 22<sup>nd</sup> day of September, 2003

**John Gilbert Prentiss**

The foregoing instrument, consisting of two pages including this attestation clause, was subscribed, published, signed, initialed and declared by the above named John Gilbert Prentiss as his last will and testament, in our presence and in the presence of each other, and we, at the same time, at his request, in his presence, and in the presence of each other, hereunto subscribe our names as attesting witnesses this 22<sup>nd</sup> day of September, 2003.

TAMMY C. CRANE residing at RABUN, Georgia

JANE ENGLISH residing at ROSON, Georgia

[illegible]

We, John Gilbert Prentiss, the Testator, DANIEL C. CRANE and JOHN E. GILBERT the persons executing the foregoing instrument and witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the person signed and executed the instrument as his last will and testament and that he signed willingly and that he executed it as his free and voluntary act for the purposes therein expressed; and that each of the witnesses saw the person sign and in the presence of the person, at his request, and in the presence of each other, signed the document as witnesses and that to the best of their knowledge, he was at the time eighteen or more years of age, of sound mind and under no constraint or undue influence.

~~TESTATOR~~

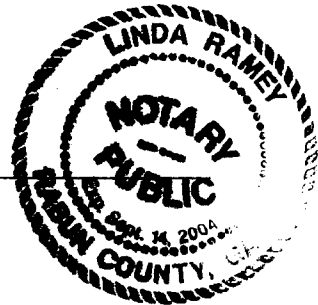
# WITNESS

WITNESS

SUBSCRIBED AND SWORN TO and acknowledged before me, by John Gilbert Prentiss, the Testator, and subscribed and sworn to before me by Pammy C. Crane and Jane English the witnesses, this        day of September, 2003.

## Notary Public

**My commission expires**



**PATENT**  
**REEL: 017065 FRAME: 0677**

CERTIFICATE OF DEATH/STATE OF GEORGIA				Birth Number	Local File Number	State File Number
1. DECEASED'S NAME (First, Middle, Last) <b>John Gilbert Prentiss</b>				IF DECEASED IS FEMALE, ENTER MAIDEN LAST NAME	2. SEX <b>Male</b>	3. DATE OF DEATH (Mo., Day, Year) <b>February 13, 2005</b>
4. RACE (White, Black, Amer. Indian, etc.) (Specify) <b>White</b>	5. ORIGIN OF DECEASED (Italian, Mex., French, English, etc.) <b>American</b>	6. DATE OF BIRTH (Mo., Day, Year) <b>04-24-1943</b>	7a. AGE-Last Birthday (Years) <b>61</b>	7b. UNDER 1 YEAR Mos. Days Hours Mins.	7c. UNDER 1 DAY Mos. Days Hours Mins.	8. COUNTY OF DEATH <b>Rabun</b>
9. CITY, TOWN or LOCATION OF DEATH <b>Rabun Gap</b>		10. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) <b>486 Dailey Ridge Lane</b>		11. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify) <b>Dead On Scene</b>		
12. STATE AND COUNTY OF BIRTH (If not in USA, name Country) <b>NY/Chemung</b>		13. CITIZEN OF WHAT COUNTRY? <b>USA</b>	14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	15. SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name)		16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No) <b>No</b>
17. SOCIAL SECURITY NUMBER <b>083-34-0335</b>		18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>		19. KIND OF INDUSTRY OR BUSINESS <b>Infant Feeding Products</b>		
20. RESIDENCE - STATE <b>Ga.</b>	21. COUNTY <b>Rabun</b>	22. CITY, TOWN or LOCATION <b>Rabun Gap</b>	23. STREET AND NUMBER AND ZIP CODE Ln. <b>486 Dailey Ridge</b>	24. INSIDE CITY LIMITS? (Yes or No) <b>Yes</b>		
25. FATHER'S NAME First Middle Last <b>Sam Gilbert Prentiss</b>		26. MOTHER'S MAIDEN NAME First Middle Last <b>Evelyn Lucille Martin</b>				
27. INFORMANT'S NAME First Middle Last <b>Jennifer Morrill</b>		28. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) <b>740 Seminole Way, Palo Alto, Calif. 94303</b>		29. RELATIONSHIP <b>Daughter</b>		
30. BURIAL, CREMATION, REMOVAL (Specify) <b>Crem.</b>		31. DISPOSITION DATE (Mo., Day, Year) <b>4-11-2005</b>	32. CEMETERY OR CREMATORY NAME <b>National Cremation Society</b>		33. LOCATION (City or Town, State, Zip, County) <b>Lilburn, Ga., 30047, Gwinnett</b>	
34. FUNERAL DIRECTOR (Signature) <b>Marie Owens</b>		35. FUN. DIR. LICENSE NO. <b>4578</b>	36. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>National Cremation Society 500 Harbins Rd., Lilburn, Ga. 30047</b>		37. EST. LICENSE NO. <b>0957</b>	
38. EMBALMER (Signature) <b>N/A</b>		39. EMBALMER LICENSE NO. <b>N/A</b>	40. 21c. <b>30047</b>			
41. 23. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)						
A. <b>Probable gunshot wound (s)</b> Due to, or as a consequence of:				Approximate interval between onset and death <b>Unknown</b>		
B. Due to, or as a consequence of:				Approximate interval between onset and death		
C. Due to, or as a consequence of:				Approximate interval between onset and death		
42. 24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.)				43. AUTOPSY (Yes or No) <b>yes</b>		44. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) <b>yes</b>
45. WAS OPERATION PERFORMED? (Yes or No) <b>No</b>		46. DATE OF OPERATION (Mo., Day, Year)		47. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		
48. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>Suicide</b>		49. DATE OF INJURY (Mo., Day, Year) <b>Feb. 13, 2005</b>		50. DESCRIBE HOW INJURY OCCURRED <b>Poss. Self Inflicted</b>		51. HOUR OF INJURY <b>unknown</b> M
52. INJURY AT WORK? (Yes or No) <b>No</b>		53. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) <b>Home</b>		54. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County) <b>486 Dailey Ridge Lane Rabun Gap, Ga. 30568</b>		
55. 29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <b>Clinton W. Harbin</b>				56. 30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <b>Clinton W. Harbin</b>		
57. DATE SIGNED (Mo., Day, Year) <b>May 5, 2005</b>		58. HOUR OF DEATH <b>3:25 P.</b> M		59. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>Feb. 13, 2005</b>		60. HOUR PRONOUNCED DEAD <b>AT 3:25 PM</b>
61. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>Clinton W. Harbin</b>				62. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) <b>PO Box 400, Tiger, Ga. 30576</b>		
63. REGISTRAR (Signature) <b>James J. Harrison D.R.</b>				64. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>05-05-05</b>		

9-00) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE

DO NOT FOLD THIS CERTIFICATE

### CERTIFICATE OF RECORD

This is an exact copy of the death certificate received for filing in the office of the Rabun County Local Registrar, Clayton, Georgia.

*Lillian W. Gault*  
County Custodian  
Rabun County, Georgia  
Issued By: *James J. Harrison*  
Date: 5-11-05  
(Void without original signature and impressed seal)

PATENT  
REEL: 017065 FRAME: 0678

STATE OF GEORGIA

COUNTY OF Rabun

**LETTERS TESTAMENTARY**  
**(Relieved of Filing Returns)**

By Lillian W. Garrett, Judge of the Probate Court of said County.

KNOW ALL WHOM IT MAY CONCERN:

That on the 7th day of July, 2005, at a regular term of the Probate Court, the Last Will and Testament dated September 22, 2003 of John Gilbert Prentiss deceased, at the time of his death a resident of said County, was legally proven in solemn form and was admitted to record by order, and it was further ordered that Jennifer Prentiss Morrill named as Executor(s) in said Will, be allowed to qualify, and that upon so doing, Letters Testamentary be issued to such Executor(s).

NOW, THEREFORE, the said Jennifer Prentiss Morrill having taken the oath of office and complied with all the necessary prerequisites of the law, is/are legally authorized to discharge all the duties and exercise all the powers of Executor(s) under the Will of said deceased, according to the Will and the law.

Given under my hand and official seal, the 7th day of July, 2005.

Lillian W. Garrett  
Judge of the Probate Court

NOTE: The following must be signed if the judge does not sign the original of this document:

Issued by:

(Seal)

\_\_\_\_\_  
Clerk, Probate Court

GEORGIA, RABUN COUNTY  
This is to certify that the foregoing is a true copy of the original as appears on file and record in this office.  
This 3 day of Oct, 2005  
[Signature]  
PROBATE JUDGE/CLERK  
Rabun County, Georgia

Effective 7/87

GPCSF 24

RECORDED: 10/11/2005

PATENT  
REEL: 017065 FRAME: 0679