

Form PTO-1595 (Rev. 08/05)
OMB No. 0651-0027 (exp. 6/30/2008)

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)

Phillips M. Lippincott, Deceased
Executor of Estate
Pamela Suzanne Lippincott

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

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

Execution Date(s) 8/12/92

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

2. Name and address of receiving party(ies)

Name: Lippincott Family Trust A

Internal Address: _____

Street Address: 24411 Mockingbird

City: Lake Forest

State: CA

Country: U.S.A Zip: 92630

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) 09/252,872

B. Patent No.(s) 6,459,825

Additional numbers attached? ☐ Yes ☒ No

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

Name: Pamela Lippincott

Internal Address: 24411 Mockingbird

Street Address: _____

City: Lake Forest

State: CA Zip: 92630

Phone Number: (949)770-8787

Fax Number: (949)770-4986

Email Address: pam@aztek.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 1016
Expiration Date 07/06

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Pamela Lippincott
Signature

04/21/2006
Date

Pamela Suzanne Lippincott

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 4

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

OP \$40.00 6459825

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200430 014956

STATE FILE NUMBER		3. LAST (Family)	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE	
Phillips		Mathew	
3. LAST (Family)		LIPPINCOTT	
A.K.A. ALSO KNOWN AS — Include last name (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH — month/day		5. AGE Yrs.	
06/28/1946		58	
6. UNDER 1 YEAR		7. UNDER 24 HOURS	
MORSES		HOURS	
Days		Minutes	
8. SEX		Male	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		569-74-0523	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		married	
13. EDUCATION — Highest Level (Degree, high school, or less)		14. DATE OF DEATH — month/day	
bachelors		11/15/2004	
15. WAS DECEDENT HISPANIC/LATINO/ASIAN/PAKISTANI? (If yes, see remarks on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see remarks on back)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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, road construction, employment agency, etc.)	
president		Aztec-Mechanical	
19. YEARS IN OCCUPATION		25	
20. DECEDENT'S RESIDENCE (Street and number or location)			
24411 Mockingbird Place			
21. CITY		22. COUNTY/PROVINCE	
Lake Forest		Orange	
23. ZIP CODE		24. YEARS IN CITY	
92630		26	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
Pamela Lippincott-wife			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
24411 Mockingbird Place Lake Forest CA 92630			
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	
Pamela		-	
30. LAST (Maiden Name)		Stevens	
31. NAME OF FATHER — FIRST		32. MIDDLE	
Richard		-	
33. LAST		Lippincott	
34. BIRTH STATE		TX	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
Cecelia		-	
37. LAST (Maiden)		Phillips	
38. BIRTH STATE		CA	
39. DISPOSITION DATE — month/day		40. PLACE OF FINAL DISPOSITION	
11/19/2004		residence: Pamela Lippincott 24411 Mockingbird Place Lake Forest CA 92630	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		not embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		McCORMICK & SON	
45. LICENSE NUMBER		46. LICENSE NUMBER	
-		FD1212	
47. DATE — month/day		48. SIGNATURE OF LOCAL REGISTRAR	
11/17/2004		Mark B Horton	
101. PLACE OF DEATH			
Decedent's residence			
102. IF HOSPITAL, SPECIFY ONE			
IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>			
103. CITY		104. COUNTY	
Lake Forest		Orange	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
24411 Mockingbird Place		Lake Forest	
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.			
IMMEDIATE CAUSE (A)			
→ Acute hemopericardium			
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			
Ruptured acute myocardial infarct			
Occlusive coronary atherosclerosis with thrombosis			
Atherosclerotic cardiovascular disease			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
Cardiomegaly, clinical history of hypertension			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OF 112? (If yes, list type of operation and date.)			
No			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent: Attended Since		Decedent Last Seen Alive	
(a) month/day		(b) month/day	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE — month/day	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
121. INJURY DATE — month/day		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE — month/day	
Cullen W. Ellingburgh		11/16/2004	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
Deputy Coroner Cullen W. Ellingburgh		Deputy Coroner Cullen W. Ellingburgh	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		9233G	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

NOV 24 2004

001617475

STATE OF CALIFORNIA
COUNTY OF ORANGE

SS

DATE ISSUED

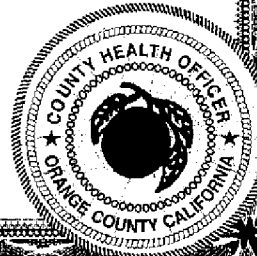
This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PATENT





13765 - F Alton Parkway
Irvine, CA 92618
(949) 770-8787
(949) 770-4986>Fax

Fax Transmission Cover Sheet

To: <i>Assignments Department</i>	Company:
Fax Number: <i>(571) 273-0140</i>	Total Number of Pages (Including This Page) <i>4</i>
From: <i>Evan Lippincott</i>	AZTEK, Incorporated
Subject: <i>Patent No 6,459,825</i>	
Date: <i>04/21/2006</i>	

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