PATENT ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Arnold G. Legband	05/31/2006

RECEIVING PARTY DATA

Name:	Evelyn Legband
Street Address:	251 West 5th Street
City:	Fremont
State/Country:	NEBRASKA
Postal Code:	68025

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	10667000

CH $40.00 10667000

CORRESPONDENCE DATA

Fax Number: (402)392-0734
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 4023922280
Email: swilley@thomtelaw.com
Correspondent Name: Shane M. Niebergall
Address Line 1: 2120 South 72nd Street - Suite 1111
Address Line 4: Omaha, NEBRASKA 68124

ATTORNEY DOCKET NUMBER:	LEGBAND 10/667,000
NAME OF SUBMITTER:	Shane M. Niebergall

Total Attachments: 3
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STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

CERTIFICATE OF DEATH

05 09659

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Arnold A. G. Legband
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): August 27, 2005
4. CITY AND STATE OR TERRITORY OR FOREIGN COUNTRY OF BIRTH: Snyder, Nebraska
5a. AGE-Last Birthday (Yrs.): 84
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): January 22, 1921
7. SOCIAL SECURITY NUMBER: 508-46-3395
8a. PLACE OF DEATH: HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home/SNF ☐ Hospice Facility ☐ Decedent's Home ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): A.J. Merrick Manor
8c. CITY OR TOWN OF DEATH (Include Zip Code): Fremont 68025
8d. COUNTY OF DEATH: Dodge
9a. RESIDENCE-STATE: Nebraska
9b. COUNTY: Dodge
9c. CITY OR TOWN: Fremont
9d. STREET AND NUMBER: 1599 S. Main St. Lot 15
9e. APT. NO: --
9f. ZIP CODE: 68025
9g. INSIDE CITY LIMITS? ☐ YES ☒ NO
10a. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Never Married ☐ Married, But Separated ☐ Widowed ☐ Divorced ☐ Unknown
10b. NAME OF SPOUSE (If wife, give maiden name): Evelyn M. Cerny
11. FATHER'S NAME (First, Middle, Last, Suffix): Arthur Legband
12. MOTHER'S NAME (First, Middle, Maiden Surname): Lena Borgelt
13. EVER IN U.S. ARMED FORCES? (Wive dates of service if yes): (Yes, No, or Unk.) NO
14a. INFORMANT NAME: Evelyn M. Legband
14b. RELATIONSHIP TO DECEDENT: Wife
15. METHOD OF DISPOSITION: ☒ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal ☐ Other (Specify)
16a. EMBALMER SIGNATURE: Jon Ludviggen
16b. LICENSE NO.: 1229
16c. DATE (Mo., Day, Yr.): August 31, 2005
16d. FACILITY – CREMATORY OR OTHER LOCATION: Memorial Cemetery
CITY / TOWN: Fremont, Nebraska
STATE:
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): LUDVIGGEN MORTUARY 1249 E. 23rd St. Fremont, Nebraska
17b. Zip Code: 68025

CAUSE OF DEATH (Physician Complete)

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: Onset to death

IMMEDIATE CAUSE: (a) Multisystem Failure — Onset to death: 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST.
(b) Advanced non-Hodgkins Lymphoma — Onset to death: 6 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(c)
DUE TO, OR AS A CONSEQUENCE OF:
(d)

19. 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? ☐ YES ☒ NO

20. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not known, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

21a. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

21b. IF TRANSPORTATION INJURY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

21c. WAS AN AUTOPSY PERFORMED? ☐ YES ☒ NO

21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☒ NO

22a. DATE OF INJURY (Mo., Day, Yr.)
22b. TIME OF INJURY
22c. PLACE OF INJURY At home, farm, street, factory, office building, construction site, etc. (Specify)
22d. INJURY AT WORK? ☐ YES ☐ NO
22e. DESCRIBE HOW INJURY OCCURRED
22f. LOCATION OF INJURY – STREET & NUMBER, APT. NO. / CITY/TOWN / STATE / ZIP CODE

To be completed by Attending PHYSICIAN ONLY

23a. DATE OF DEATH (Mo., Day, Yr.): 8-27-05
23b. DATE SIGNED (Mo., Day, Yr.): 8-29-05
23c. TIME OF DEATH: 4:15 pm
23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) M.V. Anderson MD

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY

24a. DATE SIGNED (Mo., Day, Yr.)
24b. TIME OF DEATH
24c. PRONOUNCED DEAD (Mo., Day, Yr.)
24d. TIME PRONOUNCED DEAD
24e. 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)

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☐ YES ☒ NO ☐ PROBABLY ☐ UNKNOWN
26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? ☐ YES ☒ NO
26b. WAS CONSENT GRANTED? (Not Applicable if 26a is NO) ☐ YES ☒ NO

27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Milo V. Anderson, MD; 350 W. 23rd St. Fremont, NB 68025

28a. REGISTRAR'S SIGNATURE: Stanley S. Cooper
28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): AUG 31 2005

IN THE COUNTY COURT OF DODGE COUNTY, NEBRASKA

05 OCT 12 AM 10:39

DODGE COUNTY, NEBRASKA
LILA G. SCHEER
COUNTY COURT CLERK

IN THE MATTER OF THE ESTATE OF ARNOLD G. LEGBAND, Deceased.

NO. PR05-175

LETTERS OF PERSONAL REPRESENTATIVE

THE STATE OF NEBRASKA

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, on October 12, 2005, CARLENE L. BEFFA was appointed and qualified as Personal Representative of the above-named Decedent by this Court or its Registrar, with all the authority granted to a Personal Representative by law;

NOW, THEREFORE, these Letters are issued as evidence of such appointment and qualifications and authority of CARLENE L. BEFFA to do and perform all acts which may be authorized by law.

WITNESS, the signature of a Judge or the Registrar of this Court, and the seal of this Court on October 12, 2005.

SEAL COUNTY COURT DODGE COUNTY NEBRASKA

Lila G. Scheer
Registrar

PREPARED AND PRESENTED BY:
PATRICK J. MORROW III, #12935
MORROW LAW PARTNERS
Suite 100
1001 Farnam Street
Omaha, NE 68102
Telephone: (402) 392-2340

SEAL COUNTY COURT DODGE COUNTY NEBRASKA

STATE OF NEBRASKA
COUNTY OF DODGE ss

I, Lila G. Scheer, Clerk of Dodge County Court, Dodge County, Nebraska, do hereby certify the foregoing copy containing 1 pages to be a full, true and complete copy of the original record thereof, now remaining on file in said court; that I have legal custody and control of said original record; and that the seal of said Court is hereto affixed.
WITNESS my hand and the seal of said Court at Fremont, Nebraska this 12 day of October, 2005.
Lila G. Scheer, Clerk of Dodge County Court
Lila G. Scheer

NCLS Form 303

SAID LETTERS ARE IN FULL FORCE AND EFFECT

ASSIGNMENT

This Assignment entered into by and between CARLENE L. BEFFA, Personal Representative of the Estate of Arnold G. Legband (First Party) and EVELYN LEGBAND (Second Party).

KNOW ALL MEN BY THESE PRESENTS:

That First Party, in consideration of the sum of One Dollar ($1.00) and other good and valuable consideration paid by the Second Party, the receipt of which is hereby acknowledged, has assigned and does assign and transfer unto Second Party any and all interest of First Party in and to the following:

> All interest in and to the pending bracket patent application, serial no. 10/667,000.

DATED this 31 day of May, 2006.

CARLENE L. BEFFA, Personal Representative of the Estate of Arnold G. Legband

By: Carlene L. Beffa
CARLENE L. BEFFA, Personal Representative of the Estate of Arnold G. Legband