

08-14-2006

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OMB No. 0651-0027 (exp. 6/30/2008)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office103290998
PATENTS ONLY

IT

2006 AUG 11 AM 11:55

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents for the new address(es) below.

1. Name of conveying party(ies)Daniel M. Gruner, *Dec. By Mark Gruner*
*Legal Representative.*Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 02/02/2004

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

2. Name and address of receiving party(ies)

Name: Mark Gruner

Internal Address: _____

Street Address: 858 Pine Avenue Apt. C

City: Redlands

State: CA

Country: USA

Zip: 92373

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)

B. Patent No.(s)

US 6,802,088 B1

Additional numbers attached? ☐ Yes ☒ No**5. Name and address to whom correspondence concerning document should be mailed:**

Name: James B. Church, Attorney at Law

Internal Address: _____

Street Address: P O Box 9030

City: Redlands

State: CA Zip: 92375

Phone Number: (909) 792-2544

Fax Number: (909) 792-3131

Email Address: attorneys@jabc.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 Informationa. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Signature

8-7-06
DateMark J. A. Flory, Attorney at Law
Name of Person Signing

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

10

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. 22313-1450PATENT
REEL: 018184 FRAME: 0757



103247050

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Daniel M. Gruner

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Mark J. A. Flory, Attorney at Law

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 7

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PATENT

REEL: 018184 FRAME: 0758

**DECLARATION UNDER SECTION 13101
OF THE CALIFORNIA PROBATE CODE**

Mark Gruner, a resident of San Bernardino County, State of California, hereby declares:

1. Daniel Martin Gruner died on February 2, 2004 in Los Angeles, California, County of Los Angeles.

2. At least forty (40) days have lapsed since the death of the decedent, as shown in the certified copy of the decedent's Death Certificate attached to this declaration. The original Death Certificate indicated that the decedent's name was Daniel Mark Gruner. This was corrected on July 13, 2004 on page two of the attached Death Certificate.

3. No proceeding is now being or has been conducted in California for the administration of the decedent's estate.

4. The gross value of the decedent's real and personal property in California, excluding property described in Section 13050 of California Probate Code, does not exceed one hundred thousand dollars (\$100,000.00).

5. Declarant hereby requests that the following property held in the decedent's name be transferred to the declarant:

United States Patent

Patent No. US 6,802,088 B1

Date of Patent: October 12, 2004

6. Declarant is the successor of the decedent to the decedent's interest in the described property.

7. No other person has a right to the interest of the decedent in the described property.

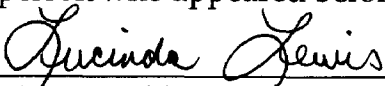
8. This Declaration is made to induce United States Patent Office to transfer the above property to declarant and declarant agrees to hold United States Patent Office free and harmless from any and all liability arising from the transfer of said property to declarant.

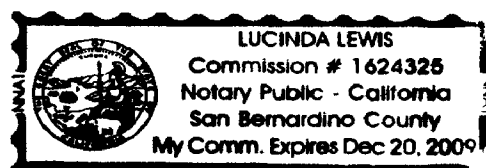
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration was executed on January 26, 2006 at Redlands, California.


Mark Gruner

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

SUBSCRIBED AND SWORN TO (or affirmed) before me on January 26, 2006, by Mark Gruner, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.


Notary Public, State of California



**PATENT
REEL: 018184 FRAME: 0759**

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 200419 005487

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given)		3 LAST (Family)	
DANIEL		GRUNER	
2 MIDDLE		4 DATE OF BIRTH month/day	
MARK		03/21/1953	
5 AGE Yrs		6 SEX	
50		M	
8 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
MI		567-76-8262	
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13 EDUCATION — Highest Level/Type (see instructions on back)		7 DATE OF DEATH month/day	
H.S. GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		02/02/2004	
14/15 WAS DECEDENT SPANISH-ORIGIN/NOT (if yes, see worksheet on back)		8 HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1122	
16 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
WHITE		SELF EMPLOYED	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
CONSTRUCTION		2	
20 DECEDENT'S RESIDENCE (Street and number or location)		21 CITY	
120 MOUNTAIN VIEW LANE		WOOFORD HEIGHTS	
22 COUNTY/PROVINCE		23 ZIP CODE	
KERN		93285	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY	
5		CA	
26 INFORMANT'S NAME, RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
DANIEL J. GRUNER SON		5854 PALENCIA DR., RIVERSIDE, CA. 92509	
28 NAME OF SURVIVING SPOUSE — FIRST		29 MIDDLE	
-		-	
30 LAST (Maiden Name)		31 NAME OF FATHER — FIRST	
-		ROBERT	
32 MIDDLE		33 LAST	
-		GRUNER	
34 BIRTH STATE		35 NAME OF MOTHER — FIRST	
MI		EDITH	
36 MIDDLE		37 LAST (Maiden)	
LUCILLE		BONAR	
38 BIRTH STATE		39	
MI		39	
40 DISPOSITION DATE month/day		41 PLACE OF FINAL DISPOSITION	
02/10/2004		RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA. 92518	
42 TYPE OF CEMETERY(ies)		43 SIGNATURE OF EMBALMER	
BU		<i>Thomas J. Williams</i>	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
ARLINGTON MORTUARY		8388	
46 LICENSE NUMBER		47 DATE month/day	
FD-1033		02/09/2004 and	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
VA GREATER LA HLTHCARE SYS WEST LA HLTHCARE CTR		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		11301 WILSHIRE BOULEVARD	
106 CITY		107 CAUSE OF DEATH	
LOS ANGELES		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 venous thrombosis without showing the etiology. DO NOT ABBREVIATE	
108 CAUSE OF DEATH		109 DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PROBABLE PERICARDIAL EFFUSION		2 DYS	
110 CAUSE OF DEATH		111 DEATH REPORTED TO CORONER	
NON- HODGKIN'S LYMPHOMA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3 MTHS		112 AUTOPSY PERFORMED?	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NONE		113 USED IN DETERMINING CAUSE?	
113 WAS OPERATION PERFORMED FOR ANY CONDITION 80 ITEM 107 OR 112? (If yes, list type of operation and date)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
NO		114 IF FEMALE, PRESENT IN LAST YEAR	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NUMBER	
<i>Steve Han</i> M.D.		A-75243	
117 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118 DATE month/day	
STEVE HAN, M.D., 11301 WILSHIRE BLVD. L.A., CA., 90073		02/04/2004	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		120 INJURED AT WORK?	
MANNER OF DEATH <input 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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 INJURY DATE month/day	
123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124 INJURY HOUR (24 Hours)	
125 LOCATION OF INJURY (Street and number, or location, city, and ZIP)		126 SIGNATURE OF CORONER / DEPUTY CORONER	
127 DATE month/day		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129		130	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		545-7841	
CENSUS TRACT		131	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

JAN 17 2006

Conny B. McCormack
 CONNIE B. MCCORMACK
 Registrar-Recorder/County Clerk

* 19 - 0924181 *

This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REEL: 018184 FRAME: 0760

CERTIFICATION OF VITAL RECORD

3 05 2004 017255

3 2004 19 005487

STATE FILE NUMBER

DEATHS AFTER 1-1984
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

04-007050

STATE/LOCAL REGISTRAR USE - ONLY	1.	2.	3.
-------------------------------------	----	----	----

NAME AS IT A PEARSON ON RECORD	1. NAME—FIRST (GIVEN) DANIEL		2. MIDDLE MARK		3. LAST (FAMILY) GRUNER	
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 02/02/2004	6. CITY OF OCCURRENCE LOS ANGELES		7. COUNTY OF OCCURRENCE LOS ANGELES	
ADDITIONAL INFORMATION TO LOCATE RECORD	8. FATHER'S NAME AS STATED ON ORIGINAL ROBERT JAMES GRUNER				9. MOTHER'S NAME AS STATED ON ORIGINAL EDITH LUCILLE BONAR	

[illegible]

REASON FOR CORRECTION	13. TO CORRECT MIDDLE NAME
-----------------------	----------------------------

**AFFIDAVITS
AND
SIGNATURES**

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO
PERSONS
MUST SIGN
THIS FORM

14. SIGNATURE OF FIRST PERSON Daniel J. Thuman	15. TITLE/RELATIONSHIP TO PERSON IN PART I SON	16. DATE SIGNED--MM/DD/CCYY 03/04/2004
---	---	---

USE
BLACK INK
ONLY

17. AGE ADULT	18. ADDRESS (STREET, CITY, STATE, ZIP) 5854 PALENCIA DR., RIVERSIDE, CA. 92509
------------------	---

19. SIGNATURE OF SECOND PERSON 	20. TITLE/RELATIONSHIP TO PERSON IN PART I MORTUARY SECRETARY	21. DATE SIGNED—MM/DD/CCYY 03/04/2004
---	--	--

22. AGE ADULT 23. ADDRESS (STREET, CITY, STATE, ZIP) 9645 MAGNOLIA AVE. RIVERSIDE, CA 92503

STATE/LOCAL
REGISTRAR
— USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR
OFFICE OF THE STATE REGISTRAR
OF VITAL STATISTICS

25. DATE ACCEPTED FOR REGISTRATION—MM. DD CCYY

07 / 13 / 2004

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

15 JUL 1964 - AM : 25

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

JAN 17 2006

Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RECORDED: 05/25/2006

REEL: 018184 FRAME: 0761