

11-24-2006

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



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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)

Solomon Elkind

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

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

Execution Date(s) November 21, 2002

- ☒ 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: Alexander Elkind

Internal Address: _____

Street Address: 8655 SW Maverick
Ter. Apt. 303

City: Beaverton

State: OR

Country: USA Zip: 97008

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

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)

US RE38,224 E

Additional numbers attached? ☐ Yes ☒ No

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

Name: Alexander Elkind

Internal Address: _____

Street Address: 8655 SW Maverick
Ter. Apt. 303

City: Beaverton

State: OR Zip: 97008

Phone Number: 503-524-4936

Fax Number: _____

Email Address: alex4615@att.net

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 In:

a. Credit Car

Morgan CK

b. Deposit A

Authorizer

9. Signature:

Alexander Elkind

Signature

Date

11/11/2006

Alexander Elkind

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 (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

ASSIGNMENT

WHEREAS, I, Solomon Elkind, of Beaverton, County of Washington, State of Oregon, Social Security No. 014-66-4394, have invented certain improvements in Flat, Hands-Free, Convertible Keplerian Binoculars (the invention), for which U.S. Patent No. 6,002,517 was issued on December 14, 1999.

WHEREAS, my son, Alexander Elkind, of Beaverton, County of Washington, State of Oregon, whose Social Security No. is 057-64-3646, is desirous of acquiring an interest therein:

NOW, THEREFORE, in consideration of good and valuable consideration, the receipt of which is hereby acknowledged, I, Solomon Elkind, by these presents do sell, assign and transfer unto Alexander Elkind, the full and exclusive right to the invention in the United States and its territorial possessions and in all foreign countries and the entire right, title and interest in and to any and all Letters Patent which may be granted therefore in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, reissues, continuations and extensions thereof. This assignment is to become effective only upon the date of my death.

I hereby authorize and request the U.S. Patent and Trademark Office officials to issue any and all Letters Patent, when granted, to Alexander Elkind, as the assignee of my entire right, title and interest in and to the same, for the sole use of Alexander Elkind, his successors and assigns.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 21 day of

November, 2002.

Solomon Elkind

Solomon Elkind

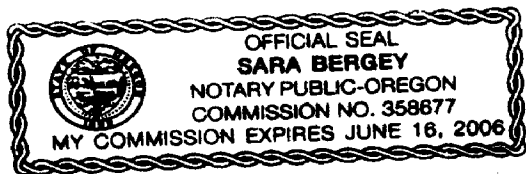
State of Oregon

County of Washington

Before me personally appeared said Solomon Elkind

and acknowledged the foregoing instrument to be his free act and deed this 21 day of November, 2002.

Sara Bergey
(Notary Public)



CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

437644
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (include AKA, if any) First: Solomon Middle: - Last: Elkind Suffix: -					2. Death Date (mm dd yyyy) June 16, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 85	4b. Under 1 Year Months: - Days: -	4c. Under 1 Day Hours: - Minutes: -	5. Social Security Number 014-66-4394	6. County of Death Washington	
7. Birthdate (mm dd yyyy) May 15, 1921		8a. Birthplace (City/Town, or County) Moscow		8b. (State or Foreign Country) Russia	9. Decedent's Education Masters Degree	
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No				11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 8655 SW Maverick Terrace #303				14. City/Town Beaverton		
15. Residence County Washington		16. State or Foreign Country Oregon		17. Zip Code + 4 97008		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Married			20. Spouse's Name (if married or widowed, give name prior to first marriage) Nina Serpkina			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Engineer				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Optics		
23. Father's Name (First, Middle, Last, Suffix) Abram Elkind				24. Mother's Name (First, Middle, Last, Suffix) Rachel Skopner		
25. Informant's Name Alexander Elkind		26. Telephone Number 503-524-4936		27. Relation to Decedent Son		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 8655 SW Maverick Ter., #303, Beaverton, OR 97008
29. Place of Death Hospital - Inpatient		30. Facility Name St. Vincent Medical Center				
31. Location of Death (give address) 9205 SW Barnes Road		32. City/Town or Location of Death Portland		33. State Oregon	34. Zip Code + 4 97225	
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Cascade Cremation Center		37. Location Tualatin, Oregon		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Crown Memorial Center 8974 SW Tualatin Sherwood Road Tualatin, Oregon 97062						
39. Date of Disposition (mm dd yyyy) June 20, 2006		40. Funeral Director's Signature <i>[Signature]</i>			41. OR License Number 0352	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (mm dd yyyy) JUL 03 2006		44. Local File Number 2758		
45. Record Amendment						
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 1615
CAUSE OF DEATH (See instructions and examples)						
50. 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 ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death
Final disease or condition resulting in death: Due to (or as a consequence of) Sepsis Due to (or as a consequence of) Decubitus Ulcer Due to (or as a consequence of) Pneumonia Due to (or as a consequence of) GI Bleeding						
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 1-2 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 1-2 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
55. Date of Injury (mm dd yyyy)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)						
60. Describe how injury occurred.						61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Charles Bentz MD 9205 SW Barnes Road, Suite MT-2800 Portland, Oregon 97225						
63. Name and Title of Attending Physician [Other than Certifier]						
64. Title of Certifier MD		65. License Number MD 16082		66. Date Certified (mm dd yyyy) 6-23-06		
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated: <i>[Signature]</i>						
68. Medical Examiner - 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) and manner stated.						
69. Record Amendment						

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASHINGTON COUNTY REGISTRAR.

DATE ISSUED:

JUL 06 2006

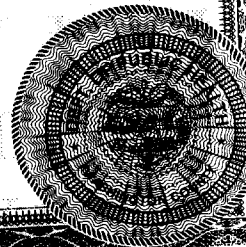
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Julie L. Clarke
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PATENT

REEL: 018616 FRAME: 0198



RECORDED: 11/21/2006