

11-30-2006



IEET

To the Director of the U.S. Patent

103342861

ed documents or the new address(es) below.

**1. Name of conveying party(ies)**

Andranik Garukyan, Executor of the Estate of Grigor Garukyan  
(Deceased)

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

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

Execution Date(s) 11/20/06

- ☒ 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: Andranik Garukyan

Internal Address: 2520 Berkeley Ave

Los Angeles CA 90026

Street Address: 2520 Berkeley Ave

City: Los Angeles

State: CA

Country: United States Zip: 90026

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 6,941,983 B2

Additional numbers attached? ☐ Yes ☒ No

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

Name: Andranik Garukyan

Internal Address: 2520 Berkeley Ave

Los Angeles CA 90026

Street Address: 2520 Berkeley Ave

City: Los Angeles

State: CA Zip: 90026

Phone Number: 818 522 7209

Fax Number:

Email Address: garukyan@gmail.com

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

**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 9211  
Expiration Date 03/07

b. Deposit Account Number

Authorized User Name

**9. Signature:**

*Andranik Garukyan*

Signature

11/20/06

Date

Andranik Garukyan

Name of Person Signing

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

5

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

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

# COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

### CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Grigor		Garukyan	
4. DATE OF BIRTH mm/dd/yyyy			
05/26/1953			
5. AGE Yrs			
53			
6. SEX			
M			
7. DATE OF DEATH mm/dd/yyyy			
06/29/2006			
8. HOUR (24 Hour)			
1125			
9. BIRTH STATE/FOREIGN COUNTRY			
Armenia			
10. SOCIAL SECURITY NUMBER			
611-50-8381			
11. EVER IN U.S. ARMED FORCES?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS/RELIGION (at time of Death)			
Divorced			
13. EDUCATION - Highest Level/Course (see worksheet on back)			
HS Graduate <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back)			
White			
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			
Mechanical Engineer			
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			
Mechanical Engineering			
18. YEARS IN OCCUPATION			
20			
19. DECEDENT'S RESIDENCE (Street and number, or location)			
2520 Berkeley Ave.			
20. CITY			
Los Angeles			
21. COUNTY/PROVINCE			
Los Angeles			
22. ZIP CODE			
90026			
23. YEARS IN COUNTY			
15			
24. STATE/FOREIGN COUNTRY			
CA			
25. INFORMANT'S NAME, RELATIONSHIP			
Narek Garukyan, Son			
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
2520 Berkeley Ave., Los Angeles, CA 90026			
27. NAME OF SURVIVING SPOUSE/SPOUSE-1			
-			
28. MIDDLE			
-			
29. LAST (BIRTH NAME)			
-			
30. NAME OF FATHER/MOTHER-1			
Aivorty			
31. MIDDLE			
-			
32. LAST			
Garukyan			
33. BIRTH STATE			
Armenia			
34. NAME OF MOTHER/MOTHER-1			
Vergine			
35. MIDDLE			
-			
36. LAST (BIRTH NAME)			
Unk			
37. BIRTH STATE			
Armenia			
38. DISPOSITION DATE mm/dd/yyyy			
07/06/2006			
39. PLACE OF FINAL DISPOSITION			
Forest Lawn Hollywood Hills, 6300 Forest Lawn Dr., Los Angeles, CA 90068			
40. TYPE OF DISPOSITION			
BU			
41. NAME OF FUNERAL ESTABLISHMENT			
Abbott & Hast Mortuary, Inc.			
42. LICENSE NUMBER			
8672			
43. SIGNATURE OF FUNERAL DIRECTOR			
<i>Armenian Logarithm</i>			
44. SIGNATURE OF LOCAL REGISTRAR			
<i>Bayno</i>			
45. DATE mm/dd/yyyy			
07/03/2006			
101. PLACE OF DEATH			
Hollywood Presbyterian Medical Center			
102. IF HOSPITAL, SPECIFY ONE			
<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			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. CITY			
Los Angeles			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
1300 N. Vermont Ave.			
106. CITY			
Los Angeles			
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) Cardiac Arrest			
108. DEATH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
109. BPOSSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. AUTOPSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
None			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 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.			
Decedent Attended Since Decedent Last Seen Alive			
115. SIGNATURE AND TITLE OF CERTIFIER			
<i>Bayno</i>			
116. LICENSE NUMBER			
A053792			
117. DATE mm/dd/yyyy			
07/03/2006			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
Zaven Aslanyan MD, 540 N. Central Ave., Glendale, CA 91203			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
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			
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hour)			
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 mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			
FAX AUTH. 092-615			
*H00379733*			

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*Bayno* VC DATE ISSUED  
Director of Health Services and Registrar

JUL 10 2006

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**ASSIGNMENT OF PATENT**

Docket Number (optional)

Whereas, I, Grigor Garukyan of Los Angeles California, hereinafter referred to as patentee, did obtain a United States Patent for an improvement in Medical Syringe use safety

No. US 6,941,983 B2, dated September 13, 2005; and whereas, I am now the sole owner of said patent, and,

Whereas, Andranik Garukyan for Grigor Garukyan  
of Los Angeles California

hereinafter referred to as "assignee" whose mailing address is  
2520 Berkeley Ave

City of Los Angeles, and State of California  
is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of zero dollars (\$ 0), the receipt whereof is acknowledged, and other good and valuable consideration, I, the patentee, by these presents do sell, assign and transfer unto said assignee the entire right, title and interest in and to the said Patent aforesaid; the same to be held and enjoyed by the said assignee for his own use and behoof, and for his legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 25 day of July, 2006

at 12:40 pm

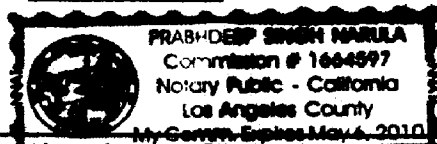
Andranik Garukyan Executor  
(Signature) of the Estate

State of CALIFORNIA

County of LOS ANGELES SS: 611-50-8374

Before me personally appeared said ANDRANIK GARUKYAN  
and acknowledge the foregoing instrument to be his free act and deed this 25 day  
of JULY, 2006

Seal



P. Singh  
(Notary Public)

This form offers a sample or suggests a format for an assignment document. This sample form is not an OMB officially approved form.