

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Lewis Gerald Lynn, Jr. (deceased)	01/10/2007
RECEIVING PARTY DATA	
Name:	Shirley C. Lynn
Street Address:	65 Hillhurst Lane
City:	Irondequoit
State/Country:	NEW YORK
Postal Code:	14617
PROPERTY NUMBERS Total: 3	
Property Type	Number
Patent Number:	5210994
Patent Number:	5390553
Patent Number:	4472977
CORRESPONDENCE DATA	
Fax Number:	(585)325-5458
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	585.295.4469
Email:	tfitzgerald@hiscockbarclay.com
Correspondent Name:	Thomas R. FitzGerald, Esq.
Address Line 1:	Hiscock & Barclay, LLP
Address Line 2:	2000 HSBC Plaza, 100 Chestnut St.
Address Line 4:	Rochester, NEW YORK 14604-2404
ATTORNEY DOCKET NUMBER:	3023942
NAME OF SUBMITTER:	Thomas R. FitzGerald
Total Attachments: 7	

CH \$120.00 5210994

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PATENT
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PATENT ASSIGNMENT

WHEREAS, Lewis Gerald Lynn, Jr. (deceased) was issued U. S. Patents identified on the attached Exhibit A;

WHEREAS, Lewis Gerald Lynn, Jr. is deceased and his estate is now controlled by Shirley C. Lynn, his spouse and executrix;

WHEREAS, attached is a copy of the death certificate (Exhibit B) of Lewis Gerald Lynn, Jr. and the Letters Testamentary (Exhibit C) issued to Shirley C. Lynn, executrix;

AND WHEREAS, Shirley C. Lynn, Executrix of the Estate of Lewis Gerald Lynn, Jr., whose principal residence is 65 Hillhurst Lane, Town of Irondequoit, State of New York, USA, is authorized and desirous of transferring the entire right, title, and interest in an to said patents identified above to herself;

NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Shirley C. Lynn, Executrix for the Estate of Lewis Gerald Lynn, Jr. (deceased), does hereby sell, assign, and transfer to Shirley C. Lynn, and her successors and assigns, the entire right, title, and interest in and to the patents and patent applications listed in Exhibit A, including all reissues, divisions, continuations, continuations-in-part, and extensions thereof, to be held and enjoyed by Shirley C. Lynn, as fully and entirely as it would have been held and enjoyed by Lewis Gerald Lynn, Jr. (deceased), if this sale and assignment had not been made, including all claims, demands and rights of recovery that Shirley C. Lynn, Executrix of the Estate of Lewis Gerald Lynn, Jr. has or may have in profits and damages for past and future infringements, if any, and all rights to compromise, sue for, and collect such profits and damages. Any official whose duty it is to issue patents, is hereby requested to issue any and all patents of the patents and patent applications listed in Exhibit A to Shirley C. Lynn, her successors and assigns.

IN WITNESS WHEREOF, Shirley C. Lynn, Executrix of the Estate of Lewis Gerald Lynn, Jr. (deceased) has caused this assignment to be signed to execute this agreement to Shirley C. Lynn, Spouse of Lewis Gerald Lynn, Jr. (deceased).

Shirley C. Lynn, Executrix of Estate of Lewis Gerald Lynn, Jr. (deceased)

By: Shirley C. Lynn

Name: Shirley C. Lynn

Title: Spouse of Lewis Gerald Lynn, Jr. (deceased)

Date: Jan. 10, 2007

State of New York

County of Monroe) ss:

On Jan 10, 06, before me, personally appeared Shirley Lynn, known to me to be the person who signed this instrument and acknowledge to me that he/she executed the same in his/her authorized capacity, an that by his/her signature on the instrument the entity upon behalf of which he/she acted, executed the instrument.

Kristin M. McDermott

Notary Public

KRISTIN M. McDERMOTT
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01DE6068109
QUALIFIED IN MONROE COUNTY
COMMISSION EXPIRES MARCH 3, 2007

EXHIBIT A

U. S. Patent Number 5,210,994

U. S. Patent Number 5,390,553

U. S. Patent Number 4,472,977

EXHIBIT B

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
*Corr 8/29/05

RECORDED DISTRICT
2700
REGISTER NUMBER
004373

1. NAME - FIRST Lewis		MIDDLE Gerald		LAST Lynn Jr.		2. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH MONTH 08 DAY 14 YEAR 2005		3B. HOUR 6:09pm	
4A. PLACE OF DEATH (Check one) HOSPITAL <input type="checkbox"/> DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		4B. IF FACILITY, DATE ADMITTED: MONTH 08 DAY 14 YEAR 2005									
4C. NAME OF FACILITY (If not facility, give address) Highland Hospital				4D. LOCALITY (Check one and specify) CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input type="checkbox"/> Rochester				4E. COUNTY OF DEATH Monroe			
4F. MEDICAL RECORD NO. 574988		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) St John's Home, Rochester, Monroe, NY									
5. DATE OF BIRTH: MONTH 11 DAY 16 YEAR 1926		6A. AGE IN YEARS 78 yrs		6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH (If not USA, Country and Region/Province) Jamestown, N.Y.		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH	
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> WWII		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)									
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: XX <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese I <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (specify) P <input type="checkbox"/> Other Asian (specify) R <input type="checkbox"/> Other Pacific Islander (specify) S <input type="checkbox"/> Other (specify)											
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> ≤ 8th grade 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input checked="" type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		12. SOCIAL SECURITY NUMBER: 116-20-5351									
13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Shirley Carlson									
15A. USUAL OCCUPATION: (Do not enter retired) Mechanical Engineer		15B. KIND OF BUSINESS OR INDUSTRY: Engineering & Design		15C. NAME AND LOCALITY OF COMPANY OR FIRM: J.L. Rochester Co. Rochester, New York							
16A. RESIDENCE: (State or Country if not USA) New York		16B. County or Region/Province if not USA: Monroe		16C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> Irondequoit		16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN					
16D. STREET AND NUMBER OF RESIDENCE: 65 Hillhurst Lane; Rochester, New York		16E. ZIP CODE: 14617									
17. NAME OF FATHER: FIRST Lewis MI G. LAST Lynn		18. MAIDEN NAME OF MOTHER: FIRST Hildur MI Lofgren									
19A. NAME OF INFORMANT: Shirley C. Lynn		19B. MAILING ADDRESS: (include zip code) 65 Hillhurst Lane; Rochester, New York 14617									
20A. 1 <input type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION MONTH 08 DAY 15 YEAR 2005		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Rochester Crematory		20C. LOCATION: (City or town and state) Perinton, New York							
21A. NAME AND ADDRESS OF FUNERAL HOME: Paul W. Harris Funeral Home, Inc. Rochester, N.Y. 14617		21B. REGISTRATION NUMBER: 01419									
22A. NAME OF FUNERAL DIRECTOR: Michael Torella Harris		22B. SIGNATURE OF FUNERAL DIRECTOR: <i>Michael Torella Harris</i>		22C. REGISTRATION NUMBER: 03993							
23A. SIGNATURE OF REGISTRAR: <i>[Signature]</i>		23B. DATE FILED: MONTH 08 DAY 15 YEAR 2005		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>[Signature]</i>		24B. DATE ISSUED: MONTH 08 DAY 15 YEAR 2005					
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER											
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.											
Certifier's Name: MATTHEW STUPPLE M.D.		License No.: 231694		Signature: <i>[Signature]</i>		Month 8 Day 14 Year 2005					
Certifier's Title: 0 <input type="checkbox"/> Attending Physician 0 <input checked="" type="checkbox"/> Physician acting on behalf of Attending Physician 1 <input type="checkbox"/> Coroner 2 <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		Address: 1000 South Avenue Rochester NY 14620									
25B. If coroner is not a physician, enter Coroner's Physician's name & title		License No.		Signature		Month		Day		Year	
25C. If certifier is not attending physician, enter Attending Physician's name & title: Dr. Faber White		License No.: 228457		Address: 601 Elmwood Ave Box 31 Roch, NY 14620							
26A. Attending physician attended deceased: FROM 8 MONTH 14 YEAR 2005 TO 8 MONTH 14 YEAR 2005		26B. Deceased last seen alive by attending physician: MONTH 8 DAY 14 YEAR 2005		26C. Pronounced Dead by M.E. or Coroner: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26D. Pronounced Dead by M.E. or Coroner: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26E. Pronounced Dead by M.E. or Coroner: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26F. Pronounced Dead by M.E. or Coroner: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		29A. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED		29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES					
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL											
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)											
PART I. IMMEDIATE CAUSE: (A) Respiratory Failure (B) pneumonia (C) Pulmonary Fibrosis											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):											
31A. IF INJURY, DATE: MONTH 8 DAY 14 YEAR 2005		31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:		31D. PLACE OF INJURY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		31E. INJURY AT WORK? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
32. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (Specify)		33A. IF FEMALE: 1 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		33B. DATE OF DELIVERY: MONTH 8 DAY 14 YEAR 2005							

For use by physician or institution.

NAME OF DECEDENT

TIME OF DEATH

DATE OF DEATH

Lynn, Lewis
8/14/05

EXHIBIT C

**SURROGATE'S COURT OF THE STATE OF NEW YORK
MONROE COUNTY**

File #: 2005-2387

CERTIFICATE OF APPOINTMENT OF EXECUTOR(S)

IT IS HEREBY CERTIFIED that Letters in the estate of the Decedent named below have been granted by this court, as follows:

Name of Decedent: **Lewis G Lynn** Date of Death: **August 14, 2005**
A/K/A **Lewis Gerald Lynn Jr**

Domicile of Decedent: **Monroe County**

Fiduciary Appointed: **Shirley C Lynn**
Mailing Address: **65 Hillhurst Lane**
Rochester NY 14617

Type of Letters Issued: **LETTERS TESTAMENTARY**

Letters Issued On: **September 30, 2005**


Limitations: **NONE**

and such Letters are unrevoked and in full force as of this date.

Dated: September 30, 2005

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the seal of
the Monroe Surrogate's Court at Rochester,
New York.

WITNESS, Hon. Edmund A Calvaruso,
Judge of the Monroe Surrogate's Court.



William J Brongo, Chief Clerk
Monroe Surrogate's Court

This Certificate is Not Valid Without the Raised Seal of the Monroe County Surrogate's Court