

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Stephen A. Milks (deceased)	06/01/2007
RECEIVING PARTY DATA	
Name:	Fan-Tastic Vent
Street Address:	2083 S. Almont Avenue
City:	Imlay City
State/Country:	MICHIGAN
Postal Code:	48444
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11811297
CORRESPONDENCE DATA	
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ATTORNEY DOCKET NUMBER:	8416-000012
NAME OF SUBMITTER:	W.R. Duke Taylor
Total Attachments: 3 source=assignment#page1.tif source=assignment#page2.tif source=assignment#page3.tif	

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PATENT
REEL: 019639 FRAME: 0182

ASSIGNMENT

Atty. Docket No. 8416-000012

The undersigned, hereinafter referred to collectively as Assignor, has an interest in the invention entitled:

MECHANISM FOR OPENING A VENT COVER

which is the subject of a United States or International application for patent

- (a) ☒ executed on even date preparatory to filing (each inventor should sign this Assignment on the same day as he/she signs the Declaration and Power of Attorney);
- (b) ☐ executed on _____, _____, _____;
- (c) ☐ filed on _____, and assigned Serial No. _____ or PCT International Application No. _____;
- (d) ☐ U.S. Patent No. _____, issued _____, and
☐ presently assigned as evidenced at Reel _____, Frame _____; or
- (e) ☐ entitled above and naming the undersigned inventors in this provisional patent application; and

Fan-Tastic Vent, 2083 S. Almont Avenue, Imlay City, MI 48444. hereinafter referred to as Assignee, is desirous of acquiring Assignor's interest therein:

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy whereof is hereby acknowledged, Assignor by these presents does sell, assign and transfer unto Assignee and its successors in interest, the full and exclusive right, title and interest in the United States of America and all foreign countries, including the right to claim priority under the laws of the United States, the Paris Convention, and any foreign countries, to the said invention as described in the aforesaid application, said application for patent and all Letters Patent therefor to be held and enjoyed by Assignee to the full end of the term for which said Letters Patent are granted and any extensions thereof as fully and entirely as the same would have been held by Assignor had this assignment and sale not been made, and the right to recover for past infringements of, or liabilities for, any of the rights relating to any of said applications or patents resulting therefrom;

Assignor hereby covenants and agrees to execute all instruments or documents required or requested for the making and prosecution of any applications of any type for patent in the United States and in all foreign countries including, but not limited to, any provisional, continuation, continuation-in-part, divisional, renewal or substitute thereof, and as to letters patent any reissue, re-examination, or extension thereof, and for litigation regarding, or for the purpose of protecting title to the said invention, the United States application for patent, or Letters Patent therefor, and to testify in support thereof, for the benefit of Assignee without further or other compensation than that above set forth;

Assignor hereby covenants that no assignment, sale or agreement or encumbrance has been or will be entered into which would conflict with this Assignment; and

Assignor hereby requests the Commissioner of Patents and Trademarks to issue said Letters Patent of the United States of America to Assignee, and requests that any official of any country or countries foreign to the United States, whose duty it is to issue or grant patents and applications as aforesaid, to issue said Letters Patent, Utility Model Registration or Inventor's Certificate to Assignee.

Assignor hereby authorizes an attorney authorized to prosecute this patent application to insert here in parentheses (Application No. _____, filed _____) the filing date and application number of said application when known.

ASSIGNMENT

Penny Milks

Penny Milks (as Executrix on
Behalf of Stephen A. Milks)

6-1-07

Dated

Shelley & Dunbar
First Witness

Julie A. Brock
Second Witness

DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATHSTATE FILE NUMBER
2352165NAME OF DECEDENT
For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF
DEATHMEDICAL
EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) STEPHEN ALBERT MILKS		2. DATE OF BIRTH (Month, Day, Year) May 28, 1940		3. SEX Male		4. DATE OF DEATH (Month, Day, Year) March 9, 2006					
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Years) 65		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES			
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) Genesys Health Park				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Grand Blanc Township		7c. COUNTY OF DEATH Genesee					
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Lapeer		8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE (inside limits of) <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE Elba		8d. STREET AND NUMBER (Include Apt. No. if applicable) 3316 West Newark Road					
8e. ZIP CODE 48446		9. BIRTHPLACE (City and State or Country) Manistee, Michigan		10. SOCIAL SECURITY NUMBER 364-40-8342		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? High School Graduate					
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie, Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe American		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) Yes					
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Chief Executive Officer		16. KIND OF BUSINESS OR INDUSTRY Recreational Vehicle Fans		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) Penny Long					
19. FATHER'S NAME (First, Middle, Last) Lorin Milks				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Marymay Swick							
21a. INFORMANT'S NAME (Type/Print) Penny Milks		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 3316 West Newark Road, Lapeer, Michigan 48446							
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Cremation		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Perry Mount Park Crematory		23b. LOCATION - City or Village, State Pontiac, Michigan							
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE 		25. LICENSE NUMBER (of Licensee) 4667		26. NAME AND ADDRESS OF FUNERAL FACILITY Muir Brothers Funeral Home 1021 South Main, Lapeer, Michigan 48446							
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> 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. Signature and Title March 9, 2006		27b. DATE SIGNED (Mo, Day, Yr) March 9, 2006		27c. LICENSE NUMBER 5101008903		28a. ACTUAL OR PRESUMED TIME OF DEATH 9:10 A.M.		28b. PRONOUNCED DEAD ON (Mo, Day, Yr.) March 9, 2006		28c. TIME PRONOUNCED DEAD 9:10 A.M.	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient							
32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ronald J. Coriasso, D.O., 1515 West Atherton Road, Flint, MI 48507									
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Ronald J. Coriasso, D.O., 1515 West Atherton Road, Flint, MI 48507		35a. REGULAR SIGNATURE 		35b. DATE FILED (Month, Day, Year) MARCH 10, 2006							
36. 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. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 a. Carcinoma of Lung with brain metastasis DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d.		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)							
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED							
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State					