

01-09-2009

Electronic Version v1.1
Stylesheet Version v1.1



103542929

SUBMISSION TYPE:

NEW ASSIGNMENT

NATURE OF CONVEYANCE:

ASSIGNMENT

CONVEYING PARTY DATA

Name

(RICHARD BEN. PONTIUS)

Execution Date

Sandra L Pontius, EXECUTRESS FOR R.B. PONTIUS

10/12/2007

RECEIVING PARTY DATA

Name: Sandra L. Pontius

Street Address: 104 Hickory St.

City: Butler

State/Country: PENNSYLVANIA

Postal Code: 16001

PROPERTY NUMBERS Total: 1

Property Type

Number

Patent Number:

7240048

CORRESPONDENCE DATA

Fax Number: (000)000-0000

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 301.728.6049

Email: sandrapontius@gmail.com

Correspondent Name: Sandra Lenzi Love Pontius

Address Line 1: 104 Hickory St.

Address Line 4: Butler, PENNSYLVANIA 16001

NAME OF SUBMITTER:

Sandra L. Pontius

Total Attachments: 12

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OP \$40.00 7240048

PATENT ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

~~10/23/2008~~
~~500084213~~

SUBMISSION TYPE:

NEW ASSIGNMENT

NATURE OF CONVEYANCE:

ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Sandra L Pontius	10/12/2007

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OP \$40.00 7240048

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DATE ISSUED:

October 24, 2007

STATE REGISTRAR OF VITAL RECORDS

State of Maryland / Department of Health and Mental Hygiene

1- For State Registration AMEND#8 cer FH10/24/07, BMW, MoCo

Certificate of Death

Reg. No.

Baltimore, Maryland 21215-0036

To Be Completed by Funeral Director

Physician
Medical Examiner

Funeral Director

1. Decedent's Name (First, Middle, Last) Richard Benjamin Pontius		2. Date of Birth Month Day Year October 12, 2007		3. Time of Death 2:40 P.M.	
4a. Facility Name (If not institution, give street and number) Holy Cross Hospital		4b. City, Town, or Location of Death Silver Spring		4c. County of Death Montgomery	
5. Social Security Number 478-52-0016		6. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		7. Age (In yrs. last birthday) Yrs. 65	
Usual Residence of Decedent		8. Date of Birth (Month, Day, Year) DEC. 12, 1941		9. Birthplace (State or Foreign Country) Iowa	
10a. State Maryland		10b. County Montgomery		10c. City, Town or Location Silver Spring	
10d. Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10e. Street and Number 8407 16th Street, Apt.#311		10f. Zip Code 20910	
10g. Citizen of What Country? Canada & United States		11. Marital Status <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Year or Dates: Unk.	
13. Was Decedent of Hispanic Origin? (Specify Yes or No - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify:		14. Race - American Indian, Black, White, etc. Specify: White			
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 5+		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Software Engineer		16b. Kind of Business/Industry Technology	
17. Father's Name (First, Middle, Last) Chester Warren Pontius		18. Mother's Name (First, Middle, Maiden Surname) Bette Olson			
19a. Informant's Name/Relationship (Type, Print) Sandra Pontius / Wife		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8407 16th Street, Apt.# 311 Silver Spring, Maryland 20910			
20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) Riverdale Park Crem.		Date OCT. 16, 2007 20c. Location - City or Town, State Riverdale Park, MD	
21. Signature of Funeral Service Licensee [Signature] MO1508		22. Name and Address of Facility Thibadeau Mortuary Service, P.A. 933 Gist Avenue, LL, Silver Spring, MD 20910			
23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) a. MULTIPLE BRAIN INFARCTS Due to (or as a consequence of): b. HYPOTENSION Due to (or as a consequence of): c. CORTICAL NECROSIS Due to (or as a consequence of): d.		Approximate Interval Between Onset and Death			
IF FEMALE: 23b. Was decedent pregnant in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9 Unknown		23c. If yes, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Fetal death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown		23d. Date of delivery Month Day Year	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		23e. Did tobacco use contribute to the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		24a. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
27. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		28a. Date of Injury (Month, Day Year) M		28b. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28c. Describe how injury occurred		28d. Location (Street and Number or Rural Route Number, City or Town, State)			
29a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as 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.		29b. Signature and title of certifier [Signature] MA		29c. License number D63343	
29d. Date signed (Month, Day, Year) OCT. 12, 2007		29e. Name and address of person who completed cause of death (Item 23a) (Type, Print) IRINA Y. RUBAN, M.D., 1500 FOREST GLEN ROAD, SILVER SPRING, MD 20910			
31. Date filed (Month, Day, Year) OCT 17 2007		32. Registrar's Signature [Signature]			

PATENT

REEL: 022092 FRAME: 0200

LAST WILL AND TESTAMENT

OF

Richard Benjamin Pontius

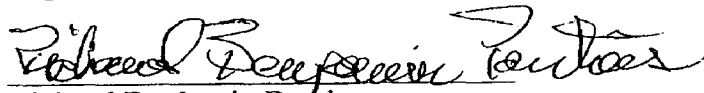
I, Richard Benjamin Pontius, a resident of the State of Maryland, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking any and all wills, testaments, and codicils at any time heretofore made by me.

ARTICLE I
(Expenses of Administration)

I direct my Personal Representative, hereinafter named, to pay the expenses of my last illness, funeral, and cremation as promptly as may be practicable after my death. I authorize my Personal Representative to expend a reasonable sum, without reference to any statutory limitation, for the funeral service, cremation, and the cost of disposing of my ashes.

I further direct my Personal Representative to pay, out of my general testamentary estate, all expense of administration, including any estate, inheritance, or other taxes, by whatever name called, payable by reason of my death in respect of property included in my gross taxable estate, whether or not such property shall pass under this will, as well as any interest and penalty on such taxes and any Personal Representative's commission.

Page 1


Richard Benjamin Pontius

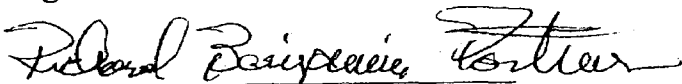
ARTICLE II.
(Funeral and Disposition of Body)

It is my strongest desire that my funeral service and the disposal of my body be conducted in strict accordance with the practices and rituals of the Vajradhatu Buddhist Church or any successor organization, including, without limitation, that my body shall remain undisturbed and unembalmed, in state, for three days after my death or until otherwise directed by a qualified representative of the Vajradhatu Buddhist Church, and shall thereafter be cremated. A funeral service shall be conducted under the guidance of, and at a time determined by, a qualified member of the Vajradhatu Buddhist Church. I further desire that after the passage of forty-nine days from the date of my death, or such other duration as may be directed by a qualified representative of the Vajradhatu Buddhist Church, my ashes shall be buried or scattered at Dorje Denma Ling Meditation Center, Tatamagouche, Nova Scotia, or if that is impractical, at a dharma center or site of the Vajradhatu Buddhist Church or the Karma Kagyu lineage of Tibetan Buddhism.

ARTICLE III.
(Residuary Estate)

I direct that the rest, residue, and remainder of my estate, both real and personal, whether in possession or expectancy, including any life insurance proceeds payable to my estate and all property over which I may have any power of appointment, hereinafter referred to as my residuary estate, be distributed to my wife, **Sandra Pontius**, if she survives me by thirty days. Should she not so survive me, I direct that my residuary estate be distributed to my sister, Susan Park. In the event that neither my wife nor Susan Park have survived me, I direct that my entire estate be distributed to Paul Wegener.

Page 2


Richard Benjamin Pontius

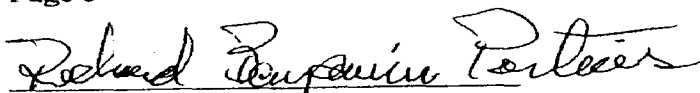
ARTICLE IV.
(Personal Representative)

I hereby appoint my wife, **Sandra Pontius**, to be the Personal Representative of this my Last Will and Testament. If she does not survive me or is otherwise unable or unwilling to serve, I hereby appoint Paul Wegener. I hereby exonerate my Personal Representative or her successors from giving bond for the faithful discharge of her duties.

ARTICLE V.
(Personal Representative's Powers)

I hereby give to my Personal Representative the fullest power and authority in all matters and questions pertaining to the execution of the provisions of this Will and in the administration of my estate including, but not by way of limitation, the following power and authority: to hold and retain all or any part of my estate in the form in which the same may be at the time of my death or at the time of the receipt thereof by my Personal Representative; to reinvest the funds in my estate; to administer and collect the income from such investments and pay any expenses related thereto; to purchase insurance, endowment, or annuity contracts; to hold investments in the name of the nominee; to make any loans, secured or unsecured, in such amounts and upon such terms as he/she may deem advisable; to sell, exchange, or otherwise dispose of any property, at public and private sale, with or without security, upon such reasonable terms as he/she may determine; to mortgage or lease any property at such time and on such reasonable terms as he/she may determine; to adjust or compromise any claim or demand in favor of or against the estate, upon such reasonable terms as he/she may determine; to borrow money from himself/herself or from others for any purpose in

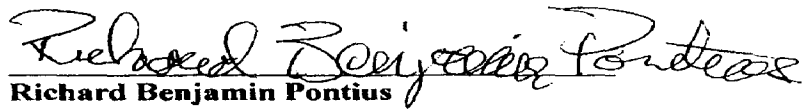
Page 3


Richard Benjamin Pontius

connection with the administration of my estate, and to mortgage or pledge any asset of the estate as security.

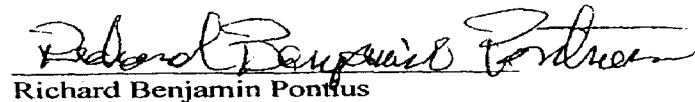
This Will consists of **five (5)** typewritten pages. At the bottom of each page I have signed my name for identification.

IN WITNESS WHEREOF, I have hereunder set my hand and seal to this, my Last Will and Testament, this 1/22/ day of **January, 2006**.


Richard Benjamin Pontius

[WITNESSES AND ATTESTATION ON FOLLOWING PAGE]

Page 4


Richard Benjamin Pontius

THE FOREGOING instrument was, this 22nd day of January, 2006, by the aforesaid Testator, **Richard Benjamin Pontius**, signed, sealed, and published as, and declared to be, his Last Will and Testament, in the presence of us, who at his request and in his presence and in the presence of each other have subscribed our names as witnesses hereto.

James F Babbitt
James F Babbitt
Printed Name

residing at

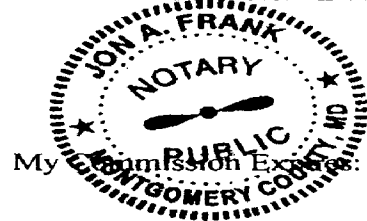
800 Argyle Rd
Silver Spring, MD 20901

Kai C. Yee
Kai C. Yee
Printed Name

residing at

11804 Charles Rd.
Silver Spring, Md.
20906.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Jon A. Frank
Notary Public

04/01/09

Page 5

Richard Benjamin Pontius
Richard Benjamin Pontius

***Before the Register of Wills for Montgomery County, Maryland
Proof of Custody of Last Will and Testament***

Estate No. W59752

Date Filed : October 22, 2008

Decedent Richard Benjamin Pontius

Date of death of decedent: October 12, 2007

- The paper writing delivered to the Register of Wills is to the best of my knowledge the decedent's Last Will and Testament.

Date of execution of will: January 22, 2006

- The paper writing(s) delivered to the Register of Wills is/are to the best of my knowledge the Codicil(s) to the decedent's Last Will and Testament. Date of execution of Codicil(s):

None

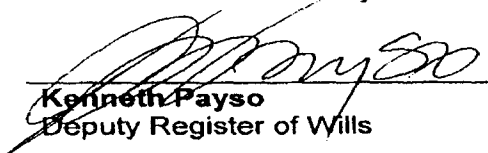
- I came into possession of the Last Will and Testament and/or Codicil(s) in the following manner:


☐ Held in Register of Wills safekeeping:

☒ The will was kept in a safety deposit box jointly held with the decedent.

- Other:

I do solemnly affirm under the penalties of perjury that the contents of the foregoing document are true to the best of my knowledge, information and belief.


Kenneth Payso
Deputy Register of Wills

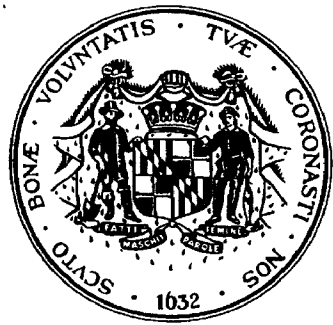

Signature of person delivering Will and/or
Codicil(s) or requesting the Register of Wills to
remove safekeeping files.

No. of pages in will 5
No. of pages in codicil NONE

Address: Sandra Pontius.
1549 North Falkland Lane, apt # 228
Silver Spring, MD 20910
301 728 6049

1
1424/1425

DEPUTY/CUSTODY.DOT 1/06



State of Maryland, Montgomery County

OFFICE OF THE REGISTER OF WILLS

Estate/Case Number: W59752

I, Joseph M Griffin, Register of Wills for Montgomery County,
Maryland, do hereby certify that the foregoing is a true copy of the
PAPER WRITING PURPORTED TO BE THE LAST WILL AND
TESTAMENT AND PROOF OF CUSTODY recorded in the estate/case of
RICHARD BENJAMIN PONTIUS, deceased.

*In testimony whereof, I have hereunto
subscribed my name and affixed the seal of the
Register of Wills for Montgomery County, this date:
December 2, 2008*

Joseph M. Griffin

Register of Wills



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE



500684213A

OCTOBER 24, 2008

PTAS

SANDRA LENZI LOVE PONTIUS
104 HICKORY ST.
BUTLER, PA 16001

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF NON-RECORDATION OF DOCUMENT

DOCUMENT ID NO.: 500684213

THE ENCLOSED DOCUMENT HAS BEEN EXAMINED AND FOUND NON-RECORDABLE BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. THE REASON(S) FOR NON-RECORDATION ARE STATED BELOW. DOCUMENTS BEING RESUBMITTED FOR RECORDATION MUST BE ACCOMPANIED BY A NEW COVER SHEET REFLECTING THE CORRECT INFORMATION TO BE RECORDED AND THE DOCUMENT ID NUMBER REFERENCED ABOVE.

THE ORIGINAL DATE OF FILING OF THIS ASSIGNMENT DOCUMENT WILL BE MAINTAINED IF RESUBMITTED WITH THE APPROPRIATE CORRECTION(S) WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE AS OUTLINED UNDER 37 CFR 3.51. THE RESUBMITTED DOCUMENT MUST INCLUDE A STAMP WITH THE OFFICIAL DATE OF RECEIPT UNDER 37 CFR 3. APPLICANTS MAY USE THE CERTIFIED PROCEDURES UNDER 37 CFR 1.8 OR 1.10 FOR RESUBMISSION OF THE RETURNED PAPERS, IF THEY DESIRE TO HAVE THE BENEFIT OF THE DATE OF DEPOSIT IN THE UNITED STATES POSTAL SERVICE.

SEND DOCUMENTS TO: U.S. PATENT AND TRADEMARK OFFICE,
MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.
IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,
YOU MAY CONTACT THE INDIVIDUAL WHOSE NAME APPEARS ON THIS NOTICE AT
571-272-3350.

1. THE PATENT ASSIGNMENT DOCUMENTS ARE MISSING. DRAWINGS NOT RECORDABLE
(NOT NEEDED)

MARY BENTON, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION

P.O. Box 1450, Alexandria, Virginia 22313-1450 - www.USPTO.GOV

FAX:

511.273.0140

NOTICE. DEATH CERTIFICATE, WILL

**PATENT
REEL: 022092 FRAME: 0208**

12/23/08

TRANSMISSION VERIFICATION REPORT

TIME : 12/05/2008 11:44
NAME : FEDEX KINKO'S 0227
FAX : 301-587-6595
TEL : 3015876595
SER.# : 000M7N336932

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/05 11:42
5712730140
00:01:54
08
OK
STANDARD
ECM

TO: MARY BENTON, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION

MS. BENTON:

HERE IS ADDITIONAL MATERIAL~~4~~
YOU REQUESTED RE: DOCUMENT I.D.
NUMBER 500684213. THIS MATERIAL
ALSO WAS FAXED TO YOU ON 12/5.

THANK YOU.

Sandra L. Pontius
SANDRA PONTIUS

301.728.6049



FedEx Kinko's
Office and Print Center

Fax Cover Sheet

Date December 9, 2008

Number of pages 12 (including cover page)

To:

Name MARY BENTON

Company U.S. PATENT OFFICE

Telephone 571. 272. 3350

Fax 571. 273. 0140

Comments RE: 500 684 213

From:

Name SANDRA PONTIUS

Company _____

Telephone 301. 728. 6049



0363 00711 1

Fax - Local Send



7 90363 00714 2

Fax - Domestic Send



7 90363 01476 8

DOMESTIC Send Addl Pages



7 90363 00720 3

Fax - International Send

fedexkinkos.com 1800.GoFedEx 1800.463.3339

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22705

RE: 500 684 213

PATENT
REEL: 022092 FRAME: 0210



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

500684213A

500684213A

OCTOBER 24, 2008

PTAS

SANDRA LENZI LOVE PONTIUS
104 HICKORY ST.
BUTLER, PA 16001

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(NOT NEEDED)

MARY BENTON, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION

BUTLER AREA PUBLIC LIBRARY

218 NORTH MCKEAN ST.

BUTLER, PA 16001

PH 724-287-1715/FAX 724-285-5090

FACSIMILE TRANSMITTAL SHEET

TO: MARY BENTON,
EXAMINER

FROM: SANDRA PONTIUS

COMPANY:
U.S. PATENT OFFICEDATE:
1/08/09FAX NUMBER:
703.308.7031

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:
703.308.9310 X 164

RE: PATENT NUMBER: 7240048

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

PLEASE DELIVER TO MARY
BENTON, PER HER REQUEST

PATENT

RECORDED: 01/08/2009

REEL: 022092 FRAME: 0212