

03-30-2010

ET

To the Director of the U.S. Pat

documents or the new address(es) below.

1. Name of conveying party(ies)

103593158

Address of receiving party(ies)

Joni MARRONI EXE

Name: JON PECORA

FOR Anthony J. PECORA (deceased)

Internal Address:

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

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

Street Address: P.O. Box 277

Execution Date(s) 12-14-09

3944 JORDAN ST

- Assignment  Merger
- Security Agreement  Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other

City: SOUTH HEIGHTS

State: PA

Country: USA Zip: 15081

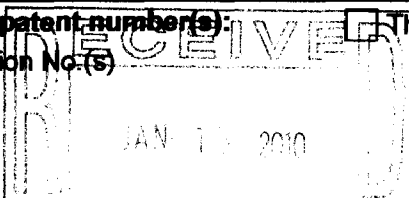
Additional name(s) & address(es) attached?  Yes  No

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)



6,766,970 B 2

Additional numbers attached?  Yes  No

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

6. Total number of applications and patents involved: 1 (OK)

Name: Jon PECORA

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

Internal Address:

- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

Street Address: PO Box 277

3944 JORDAN ST

City: SOUTH HEIGHTS

State: PA Zip: 15081

Phone Number: 724-375-2733

Fax Number:

Email Address:

8. Payment Information

Deposit Account Number

Authorized User Name: MULLER 000007A 676697A

01 FC:0021

12-14-09

Date

9. Signature:

Joni Marroni  
Signature

Joni MARRONI exe  
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 1

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 1460, Alexandria, V.A. 22313-1460

MCD 1-15-10

**LAST WILL AND TESTAMENT OF  
ANTHONY J. PECORA**

I Anthony J. Pecora, born on or about March 24, 1933, a resident of South Heights, Beaver County, Pennsylvania, being of sound and disposing mind and memory and over the age of eighteen (18) years and not being actuated by any duress, menace, fraud, mistake or undue influence, do make, and declare this to be my last Will, hereby expressly revoking all wills and codicils previously made by me.

**I. EXECUTOR:**

I appoint my daughter Joni Marroni as Executor of this my last Will and Testament and provide if my Executor is unable or unwilling to serve then I appoint my son-in-law Tom Marroni as alternative Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses out of my estate.

**II. ACKNOWLEDGEMENT OF MARITAL STATUS AND CHILDREN:**

I am a Widower. My one and only wife, Joan E. Pecora, pre-deceased me and I have had no other marriages. I have three children, my daughter Joni Marroni, born August 20, 1955, of Tidioute, Warren County, PA and my two sons Jon Pecora born July 13, 1959 of Ambridge, Beaver County, PA and Paul Pecora born March 23, 1965 of Mars, Butler County, PA.

**III. SIMULTANEOUS DEATH OF BENEFICIARY:**

If any beneficiary of this Will, shall die within three days of my death I hereby declare that I shall be deemed to have survived such person.

**IV. BEQUESTS**

I will, give, and bequeath unto my son Jon Pecora, if he survives me, all of my interests in; real property and improvements located at 3944 Jordan St., South Heights,

1 of 3

  
PATENT

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Beaver County, PA, (including two houses and a garage); real property and improvements located at 598 Hall Street, Aliquippa, Beaver County PA (including garage units); and real property and improvements located on West Lazy S Street, Tucson, Arizona (including a mobile home). I also will, give, and bequeath unto my son Jon Pecora, if he survives me, my 2003 Dodge Mini Van.

I will, give, and bequeath unto my son Paul Pecora, if he survives me, One (\$1.00) Dollar and One (\$1.00) Dollar only and no rest, residue or remainder of my estate.

#### **V. ALL REMAINING PROPERTY; RESIDUARY CLAUSE:**

I give, devise, and bequeath all the rest, residue, and remainder of my estate, of whatever kind and character and wherever located, to my son Jon Pecora and my daughter Joni Marroni, if they survive me, each receiving one half (1/2), of all the rest, residue and remainder my estate. This would include but is not limited to my rights and interests in a Pulverizer machine I invented and/or have an ownership in. I specifically exclude my son Paul Pecora from receiving any of the rest, residue or remainder of my estate.

Should my son Jon Pecora fail to survive me, my entire estate, except for the One (\$1.00) Dollar to my son Paul Pecora, shall go to my daughter Joni Marroni, if she survives me. Should my daughter Joni Marroni fail to survive me, my entire estate, except for the One (\$1.00) Dollar to my son Paul Pecora, shall go to my son Jon Pecora, if he survives me .

Should my son Paul Pecora fail to survive me, the One (\$1.00) Dollar to my son Paul Pecora shall go to the rest, residue and remainder of my estate.

Should both my daughter Joni Marroni and son Jon Pecora fail to survive me my entire estate except for the One (\$1.00) Dollar to my son Paul Pecora shall go to my son-in-law, Tom Marroni, of Tidioute, PA, husband of my daughter Joni Marroni.

#### **VI. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL**

My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing of inventory, accounting, appraisal, reporting, approvals or final appraisement of my estate. I direct that no expert appraisal be made of my estate be made unless required by law.

#### **VII. CONSTRUCTION**

The term "testator" as used in this Will is deemed to include me as Testator.

7 f 2

**VIII. SEVERABILITY AND SURVIVAL**

If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

**IN WITNESS WHEREOF**, I Anthony J. Pecora, hereby set my hand to this last Will, on each page of which I have placed my initials, on this the 21 day of November 2007 at Ambridge, Beaver County Commonwealth of Pennsylvania.

[Signature]  
Signature of Testator  
Anthony J. Pecora  
3944 Jordan Street  
South Heights, PA 15081

**WITNESSES**

The foregoing instrument consisting of 3 pages, including this page, was signed in our presence by Anthony J. Pecora and declared by him to be his last Will. We at the request and in the presence of him and in the presence of each other, have subscribed our names below as witnesses. We declare that we are of sound mind and of proper age to witness a will, that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a will, and appears of sound mind and under no undue influence or constraint. Under penalty of perjury we declare these statements are true and correct on this 21 day of November 2007 at Ambridge, Beaver County, Commonwealth of Pennsylvania.

Witness:  
[Signature]  
KARIN LEMON  
Huntington Bank

Witness:  
[Signature]  
Deanna Kutzko  
Huntington Bank

Witness:  
[Signature]  
JOHANNA MARSH  
Huntington Bank - Ambridge

Subscribed, sworn, and acknowledged before me, [Signature] a notary public, by Anthony J. Pecora, the Testator, and by, Johanna Marsh, Karin Lemon, Deanna Kutzko, the witnesses, this 21 day of November 2007.

[Signature]  
Notary Signature

My Commission Expires \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Amy B. Buckler, Notary Public  
Ambridge Boro, Beaver County  
My Commission Expires Sept. 13, 2009  
Member, Pennsylvania Association of Notaries

3 of 3

SELF PROVING AFFIDAVIT

Commonwealth of Pennsylvania )

County of Beaver )

We, Johanna Marsh  
Karin Lemon  
Deanna Kutsko

witnesses and Anthony J. Pecora, Testator, whose names are signed to the attached instrument in those capacities, personally appearing before the undersigned authority and first being duly sworn, do hereby declare to the undersigned authority under penalty of perjury that the Testator declared, signed, and executed the instrument as his last will; he signed it willingly; he executed it as his free and voluntary act for the purposes therein expressed; and each of the witnesses, at the request of the Testator, in his hearing and presence, and in the presence of each other, signed the will as witness and that to the best of his or her knowledge the Testator was at that time eight (18) years of age or older, of sound mind and under no constraint or undue influence.

Anthony J. Pecora Signature of Testator  
Anthony J. Pecora  
3944 Jordan Street  
South Heights, PA 15081

Witness:  
Johanna Marsh  
JOHANNA MARSH  
Huntington Bank Ambridge

Witness:  
Deanna Kutsko  
Deanna Kutsko  
Huntington Bank

Witness:  
Karin Lemon  
KARIN LEMON  
Huntington Bank

Subscribed, sworn, and acknowledged before me, Amy B Buckler a notary public, by Anthony J. Pecora, the Testator, and by, Johanna Marsh, Karin Lemon, Deanna Kutsko, the witnesses, this 21 day of November 2007.

Amy B Buckler  
Notary Signature

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Amy B. Buckler, Notary Public  
Ambridge Boro, Beaver County  
My Commission Expires Sept. 13, 2009  
Member, Pennsylvania Association of Notaries

My Commission Expires: \_\_\_\_\_

ESTATE OF ANTHONY J. PECORA (Deceased)

Joni Marroni, Executor

10081 Davey Hill Road

Tidiuote, PA 16351

December 14, 2009

Jon Pecora

P.O. Box 277

3944 Jordan St.

South Heights, PA 15081

Re: Assignment of U.S. Patent No. 6,766,970  
Method and Apparatus for a Crusher

Dear Jon:

This letter is to inform you that you are now the sole owner of our deceased father's patent referenced above. As you know our father bequeathed the above referenced patent to you and I. You have paid me one (\$1.00) dollar for all of My ownership interest in the above referenced patent, (Agreement attached). Therefore, you are the now the sole owner and may have the above referenced patent assigned to you with the U.S. Patent and Trademark Office.

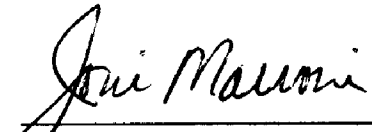
  
Joni Marroni

PATENT

REEL: 024170 FRAME: 0572

AGREEMENT OF CONVEYANCE  
FOR ALL OF JONI MARRONI'S  
INTEREST AND OWNERSHIP OF  
U.S. PATENT No. 6,766,970  
Method and Apparatus for a Crusher

I Joni Marroni, for One (\$1..00) Dollar, received, hereby convey and give to my brother Jon Pecora all of my rights, interest and ownership in our deceased father's U.S. Patent No. 6,766,970 "Method and Apparatus for a Crusher". I was bequeathed one half ownership in the above-mentioned patent by the Will of my deceased father Anthony Pecora and it is My bequeathed ownership interest in the above-mentioned Patent that I convey to my brother Jon Pecora.

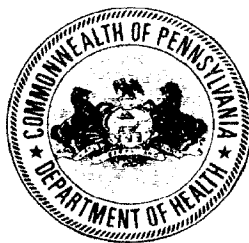
  
\_\_\_\_\_  
Joni Marroni  
Conveyor

Date: December 14, 2009

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

**WARNING: It is illegal to duplicate this copy by photostat or photograph.**

*Calvin B. Johnson*  
 Calvin B. Johnson, M.D., M.P.H.  
 Secretary of Health



*Frank Yeropoli*  
 Frank Yeropoli  
 State Registrar

APR 01 2008

Date

No.

5-143 REV 11/2006  
 TYPE / PRINT IN  
 PERMANENT  
 BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

**CERTIFICATE OF DEATH**  
 (See instructions and examples on reverse)

STATE FILE NUMBER

1. Name of Decedent (First, middle, last, suffix) <b>ANTHONY JAMES PECORA</b>				2. Sex <b>Male</b>		3. Social Security Number <b>208 - 26 - 3200</b>		4. Date of Death (Month, day, year) <b>March 23, 2008</b>	
5. Age (Last Birthday) <b>74</b> Yrs.		Under 1 year Months: _____ Days: _____		Under 1 day Hours: _____ Minutes: _____		6. Date of Birth (Month, day, year) <b>3-24-1933</b>		7. Birthplace (City and state or foreign country) <b>Isabella, Pa.</b>	
8a. County of Death <b>Warren</b>		8b. City, Boro, Twp. of Death <b>Tidioute</b>		8c. Facility Name (if not institution, give street and number) <b>R.D.#2 Box 284</b>		9. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired) <b>Engineer</b>		12. Was Decedent ever in the U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13. Decedent's Education (Specify only highest grade completed) <b>4</b>		14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		15. Surviving Spouse (If wife, give maiden name) <b>N/A</b>	
16. Decedent's Mailing Address (Street, city / town, state, zip code) <b>R.D.#2 Box 284 Tidioute, Pa. 16351</b>				17a. State <b>Pa.</b>		17b. County <b>Warren</b>		17c. <input checked="" type="checkbox"/> Yes, Decedent Lived in <b>Deerfield</b> Twp. 17d. <input type="checkbox"/> No, Decedent Lived within Actual Limits of _____ City / Boro	
18. Father's Name (First, middle, last, suffix) <b>Louis Pecoraro</b>				19. Mother's Name (First, middle, maiden surname) <b>Jennie Santo</b>					
20a. Informant's Name (Type / Print) <b>Joni Marroni</b>				20b. Informant's Mailing Address (Street, city / town, state, zip code) <b>R.D.#2 Box 284 Tidioute, Pa. 16351</b>					
21a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other - Specify: _____		<input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation Was Cremation or Donation Authorized by Medical Examiner / Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21b. Date of Disposition (Month, day, year) <b>3-26-08</b>		21c. Place of Disposition (Name of cemetery, crematory or other place) <b>Pittsburgh Cremation Services</b>		21d. Location (City / town, state, zip code) <b>Pittsburgh, Pa. 15237</b>	
22a. Signature of Funeral Service Licensee (or person acting in place) <i>[Signature]</i>		22b. License Number <b>FD011963-L</b>		22c. Name and Address of Facility <b>John Syka Funeral Home, Inc. 833 Kennedy Dr. Ambridge, Pa. 15003</b>					
23a. Complete Items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23b. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title)		23c. License Number		23d. Date Signed (Month, day, year)			
24. Time of Death <b>10:00 P.M.</b>		25. Date Pronounced Dead (Month, day, year) <b>March 23, 2008</b>		26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
27. Part I: Enter the <u>chain of events</u> - 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. List only one cause on each line. <b>Prostate Cancer</b>		28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		Approximate interval Onset to Death <b>10 yrs</b>		Part II: Enter other <u>significant conditions</u> contributing to death but not resulting in the underlying cause given in Part I. <b>Cerebrovascular disease</b>		29. 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	
30a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		32a. Date of Injury (Month, day, year)		32b. Describe How Injury Occurred	
32c. Time of Injury M. _____		32d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		32e. If Transportation Injury (Specify) <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other - Specify: _____		32f. Location of Injury (Street, city / town, state)			
33a. Certifier (check only one) <input checked="" type="checkbox"/> Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) 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 / Coroner 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 as stated.		33b. Signature and Title of Certifier <i>[Signature]</i>		33c. License Number <b>MD025720E</b>		33d. Date Signed (Month, day, year) <b>3/27/08</b>			
35. Registrar's Signature and District Number <i>[Signature]</i>		36. Date Filed (Month, day, year) <b>3/24/08</b>		34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print <b>F. David C. Harsh Pleasant Drive Warren PA 16365</b>					

Disposition Permit No. **0088005**

PATENT

REEL: 024170 FRAME: 0574



I, **LORI A. BIMBER**, Register of Wills in and  
for the County of **WARREN**, in the Commonwealth of Pennsylvania,

DO HEREBY CERTIFY that on the **7th** day of **July**, 20**08**,

LETTERS of **Testamentary** on the Estate of  
**Anthony James Pecora a/k/a Tony Pecora**

deceased, were granted to  
**Joni Marroni**

having first been qualified well and truly to administer the same. And I further certify that no revocation of said  
Letters appears of record in my office.

Date of Death **March 23, 2008**

Given under my hand and seal of office this

Social Security No. **208-26-3200**

**7th** day of **July**, 20**08**

*Lori A. Bimber*  
REGISTER OF WILLS

NOT VALID WITHOUT IMPRESSED SEAL