

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	LETTERS OF ADMINISTRATION
CONVEYING PARTY DATA	
Name	Execution Date
Thomas E. Allen	01/24/2012
RECEIVING PARTY DATA	
Name:	Estate of Thomas E. Allen
Street Address:	9722 S. Oswego Ave
City:	Tulsa
State/Country:	OKLAHOMA
Postal Code:	74137
PROPERTY NUMBERS Total: 6	
Property Type	Number
Application Number:	12052194
Patent Number:	7614276
Patent Number:	7434473
Application Number:	13210811
Patent Number:	7600414
Application Number:	12021415
CORRESPONDENCE DATA	
Fax Number:	(918)742-5901
Phone:	918-742-5900
Email:	staff@mckaypatents.com
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Correspondent Name:	Molly D McKay, P.C.
Address Line 1:	2301 S Sheridan-Suite A
Address Line 4:	Tulsa, OKLAHOMA 74129
ATTORNEY DOCKET NUMBER:	M4605.

CH \$240.00 12052194

NAME OF SUBMITTER:

Molly D. McKay

**Total Attachments: 5**

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DISTRICT COURT  
**FILED**

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY  
STATE OF OKLAHOMA

JAN 24 2012

SALLY HOWE SMITH, COURT CLERK  
STATE OF OKLA. TULSA COUNTY

IN THE MATTER OF THE ESTATE OF )  
 )  
THOMAS E. ALLEN, Deceased. )

Case No.

**PB-2012-059**

LETTERS OF SPECIAL ADMINISTRATION

YIMEI ALLEN is hereby appointed Special Administrator of the Estate of THOMAS E. ALLEN, Deceased.

WITNESS, the undersigned Judge of the District Court for the County of Tulsa, this 24<sup>th</sup> day of January 2012.

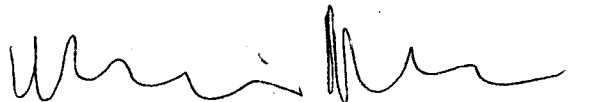
**TERRY H. BITTING**

JUDGE OF THE DISTRICT COURT

OATH

STATE OF OKLAHOMA )  
 ) ss.  
COUNTY OF TULSA )

I, YIMEI ALLEN, do solemnly swear that I will perform according to law, and to the best of my ability, the duties of Special Administrator of the Estate of THOMAS E. ALLEN, Deceased, so help me God.



YIMEI ALLEN  
Special Administrator

Subscribed and sworn to before me, this 24<sup>th</sup> day of January 2012.

**TERRY H. BITTING**

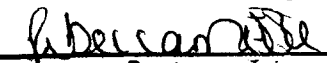
JUDGE OF THE DISTRICT COURT

Jason M. Fields, OBA #19804  
Riseling & Rhodes, P.C.  
2510 East 21<sup>st</sup> Street  
Tulsa, Oklahoma 74114  
(918) 747-0111  
(918) 747-0776 (fax)

Attorney for the Special  
Administrator

I, Sally Howe Smith, Court Clerk for Tulsa County, Oklahoma,  
hereby certify that the foregoing is a true, correct and full  
copy of the instrument herewith set out as appears on record  
in the Court Clerk's Office of Tulsa County, Oklahoma, this

JAN 24 2012

By   
**PATENT**

REEL: 027675 FRAME: 0079

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY JAN 24 2012  
STATE OF OKLAHOMASALLY HOWE SMITH, COURT CLERK  
STATE OF OKLA. TULSA COUNTYIN THE MATTER OF THE ESTATE OF )  
 )  
THOMAS E. ALLEN, Deceased. )

Case No.

**PB-2012-059**ORDER APPOINTING SPECIAL ADMINISTRATOR

This matter coming on for hearing this 24<sup>th</sup> day of January 2012, upon the petition of YIMEI ALLEN ("Petitioner"), instanter, for the appointment of a Special Administrator for the above referenced matter. After inspection of the record and other pleadings filed in this matter, the Court finds as follows:

1. THOMAS E. ALLEN (the "**Decedent**") died testate on January 12, 2012 ("**Date of Death**"), and at the time of his death was a resident of Tulsa County, State of Oklahoma.
2. Decedent left a Will dated March 21, 2005 (the "**Will**").
3. Petitioner is named in the Will as Personal Representative.
4. On the Date of Death, Decedent was married to Petitioner.
5. A Special Administrator needs to be appointed for the purposes of pursuing the Decedent's patent applications with the United States and Canadian governments.
6. Petitioner is duly qualified to serve as Special Administrator of the Estate of THOMAS E. ALLEN.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that YIMEI ALLEN is hereby appointed Special Administrator of the Estate of THOMAS E. ALLEN, Deceased and that Letters of Special Administration shall be issued to YIMEI ALLEN upon her taking and subscribing the oath of office required by law.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Court that the Special Administrator shall have the authority to pursuing the Decedent's patent applications with the United States and Canadian governments.

IT IS FURTHER ORDERED, ADJUDED AND DECREED that the Special Administrator may commence, maintain and settle any suit or legal proceeding on behalf of the Estate.

Done in open court this 24<sup>th</sup> day of January 2012.

Jason M. Fields, OBA #19804  
RISELING & RHODES, P.C.  
2510 E. 21st Street  
Tulsa, Oklahoma 74114  
(918) 747-0111  
(918) 747-0776 (fax)

TERRY H. BITTING  
JUDGE OF THE DISTRICT COURT

STATE OF OKLAHOMA  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Thomas Earle Allen		1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX Male	
3. SOCIAL SECURITY NUMBER 453-64-5426		4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5a. AGE - Last Birthday (Year) 69	
7. BIRTHPLACE (City and State or Foreign Country) Fort Monmouth, New Jersey		8a. RESIDENCE State Oklahoma		8b. RESIDENCE City or Town Tulsa	
9. RESIDENCE Zip Code 74137		10. RESIDENCE - Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. RESIDENCE - Street and Number 9722 South Oswego Avenue	
12. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown		13. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Yimei Wang			
14. FATHER'S NAME (First, Middle, Last) Thomas Oscar Allen		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Ninette Smith			
16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)		17. DECEDENT'S EDUCATION (Check the box that best describes highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MSc, MEng, MSW, MFA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)			
18. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) Engineer		19. KIND OF BUSINESS / INDUSTRY Oil Field Service Equipment Manufacturing			
20a. INFORMANT'S NAME Yimei Allen		20b. RELATIONSHIP TO DECEDENT Wife		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 9722 South Oswego Avenue, Tulsa, Oklahoma 74137	
21. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)		22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Moore's Funeral Homes & Crematory		23. LOCATION - City, Town and State Tulsa, Oklahoma	
24. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Fitzgerald Southwood Colonial Chapel 3612 East 91st Street South, Tulsa, Oklahoma 74137		25. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH Glenn Burnett			
26. PH ESTABLISHMENT LICENSE # ES 1517					
27. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (specify): ROADWAY			
28. FACILITY NAME (If not institution, give street & number) 4100 EAST 121ST STREET		29. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH TULSA, OKLAHOMA, 99999		30. COUNTY OF DEATH TULSA	
31. DATE OF DEATH (Month/Day/Year) JANUARY 12, 2012		32. TIME OF DEATH 15:24		33. WAS A MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. 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 ventilator malfunction without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
37. PART II. Enter other <u>significant</u> conditions contributing to death but not resulting in the underlying cause given in PART I.					
38. UNDERLYING CAUSE (Final disease or condition resulting in death) INTERNAL INJURIES Due to (or as a consequence of): BLUNT FORCE TRAUMA Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):					
39. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined					
40. DATE OF INJURY (Month/Day/Year) 01/12/2012					
41. TIME OF INJURY UNKNOWN					
42. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area) ROADWAY					
43. DESCRIBE HOW INJURY OCCURRED: SINGLE VEHICLE CRASH					
44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
45. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)					
46. CERTIFIER (Choose only one) <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
47. 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.					
48. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) ANDREW SIBLEY, MD 1115 W 17TH STREET TULSA, OKLAHOMA 74107					
49. LICENSE NUMBER 217780K					
50. DATE CERTIFIED (Month/Day/Year) JANUARY 13, 2012					
51. REGISTRAR'S SIGNATURE Kathy Cooper by WNK					
52. DATE RECEIVED BY STATE REGISTRAR (Month/Day/Year) JAN 20 2012					

2007 REVISION

VS 154 (7-07)



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

*Kelly M. Baker*

Kelly M. Baker  
State Registrar  
Office of Vital Statistics  
Department of Health



It is in violation of Oklahoma Statutes, Title 63 Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

**CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.**

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