PATENT ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Intestate Succession Affidavit

CONVEYING PARTY DATA

Name	Execution Date
John Berrien LYNCH (deceased) - William Raymond LYNCH, as successor-in-interest	09/13/2011

RECEIVING PARTY DATA

Name:	William Raymond LYNCH
Street Address:	9974 SW 182nd Circle
City:	Dunnellon
State/Country:	FLORIDA
Postal Code:	34432

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	7810242

CORRESPONDENCE DATA

Fax Number: (877)248-5100
Phone: (877) 248-5100
Email: uspto@ti-law.com
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.
Correspondent Name: TILLMAN WRIGHT, PLLC
Address Line 1: PO Box 49309
Address Line 4: Charlotte, NORTH CAROLINA 28277

ATTORNEY DOCKET NUMBER:	1697.402.01
NAME OF SUBMITTER:	David R. Higgins

Signature:	/David R. Higgins/
Date:	07/17/2012

Total Attachments: 5
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RECEIPT INFORMATION

EPAS ID:	PAT2028440
Receipt Date:	07/17/2012
Fee Amount:	$40

Patent No. 7,810,242

AFFIDAVIT OF WILLIAM RAYMOND LYNCH

I, William Raymond Lynch, being first duly sworn, deposes and states as follows:

1. The information contained in this Affidavit is true and based upon my personal knowledge.

2. I was born on July 19, 1930 in Jacksonville, Florida. My biological father is Louis Fitzgerald Lynch and my biological mother is Eugenia Ashley Burroughs, both of whom are now deceased. A genuine and authentic copy of my Birth Certificate is attached hereto as Exhibit 1.

3. I have one sibling, John Berrien Lynch ("John"), who was born on January 14, 1936 in Needham, Massachusetts. John died on September 13, 2011 at Hospice of Palm Beach County in Delray Beach, Florida. A genuine and authentic copy of the Florida Certificate of Death for John Berrien Lynch is attached hereto as Exhibit 2.

4. John died intestate and I am the sole surviving heir of John's estate.

5. John Berrien Lynch is the inventor for United States Patent No. 7,810,242 for "Slicing Scissors."

6. As the sole surviving heir of John's estate, all title and ownership in United States Patent No. 7,810,242 for "Slicing Scissors" has passed to me.

Further your affiant sayeth naught.

William Raymond Lynch

INITIAL

Patent No. 7,810,242

STATE OF FLORIDA

COUNTY OF MARION

I, Sharon B. Bushell, a Notary Public of the County and State aforesaid, hereby certify that William B. Lynch personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the 24 day of May, 2012.

(SEAL)

SHARON B. BUSHELL
Notary Public - State of Florida
My Comm. Expires Jun 7, 2013
Commission # DD 860437
Bonded Through National Notary Assn.

Sharon B Bushell
Notary Public

My Commission expires:

June 7 2013.

INITIAL: WW

EXHIBIT 1

INITIAL:

DEPARTMENT OF HEALTH

Division of Vital Statistics

Certified Copy of Birth Certificate

PLACE OF BIRTH
City of Jacksonville, Fla.
County of Duval
Precinct No. Registered No. 38-1988
(St. VINCENT'S HOSPITAL
FULL NAME OF CHILD WILLIAM RAYMOND LYNCH

Sex	If Plural Births	Legitimate	Date of Birth
MALE	Twin, triplet or other: / Number, in order of birth:	YES	JULY 19TH 30

FATHER	MOTHER
FULL NAME: LOUIS FITZGERALD LYNCH	FULL MAIDEN NAME: EUGENIA ASHLEY SIMMONS
Residence (usual place of abode): 163 CHARLES AVE	Residence (usual place of abode): SAME
Color or race: WHITE	Color or race: WHITE
Age at last birthday: 21 (Years)	Age at last birthday: 19 (Years)
Birthplace (city or town): NORTH CAROLINA	Birthplace (city or town): JACKSONVILLE, FLA
(State or country)	(State or country)
Usual occupation: Gas Station	Usual occupation: WIFE
Industry or business: SHELL PETROLEUM CORP	Industry or business:

Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: 0 (c) Stillborn:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P ... on the date above stated.
(Signed) A. D. STOLLENWERCK M. D.
or (Signed) ... Midwife
Address ...
Filed JULY 23 30 C. N. PURDY, Local Registrar

I HEREBY CERTIFY that the foregoing is a true copy of the certificate of birth of WILLIAM RAYMOND LYNCH filed with the Division of Vital Statistics of the Department of Health of the City of Jacksonville, Fla.

... M. D.
City Health Officer

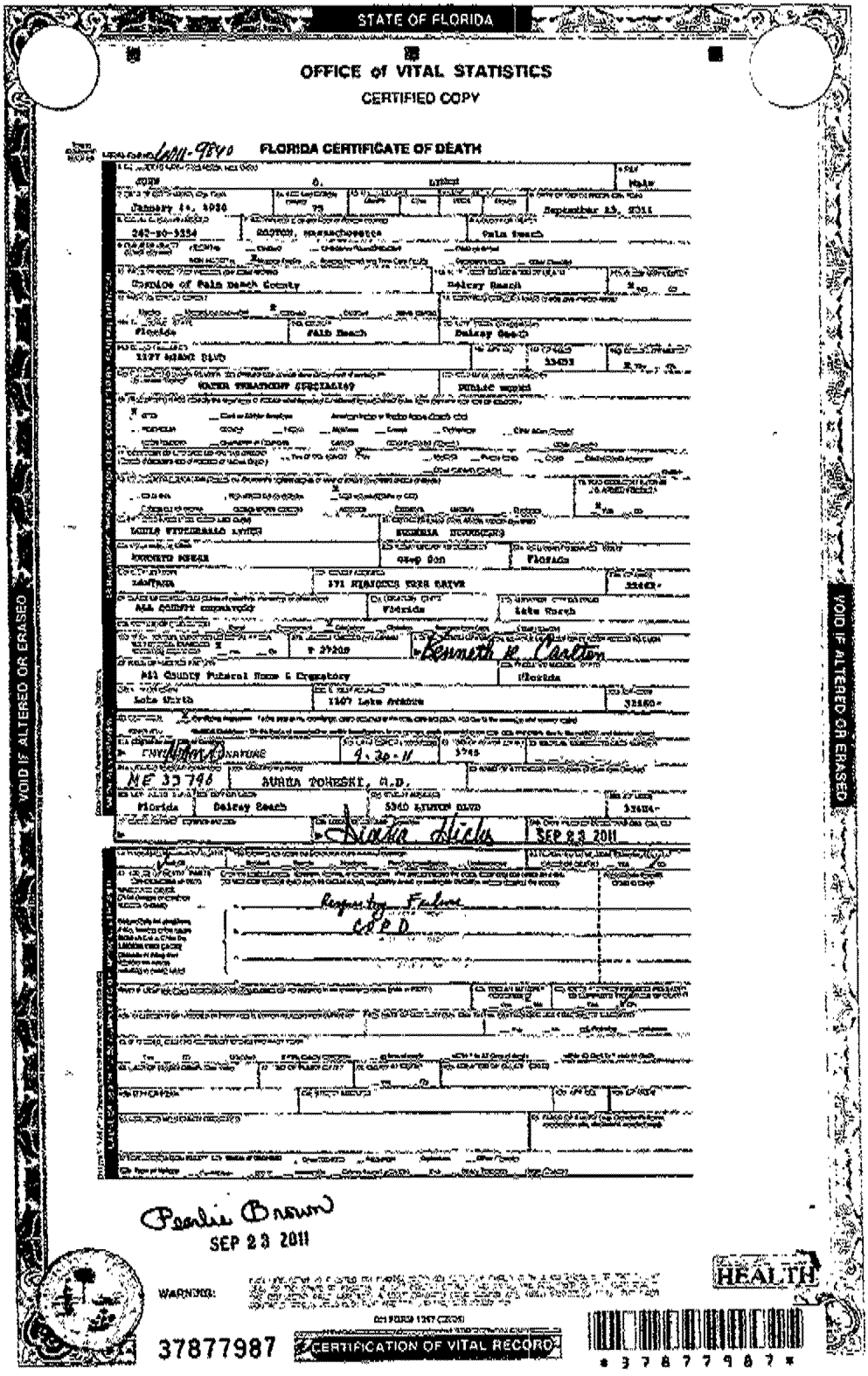
Sworn to and subscribed before me this the 27 day of MARCH 43

... Notary Public, State of Florida at Large
My Commission Expires ...

EXHIBIT 2

INITIAL: MM

Patent No. 7,810,242



STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Pearlie Brown

SEP 23 2011

HEALTH

WARNING:

37877987

CERTIFICATION OF VITAL RECORD

* 3 7 8 7 7 9 8 7 *

INITIAL: