

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3579543

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ASSIGNMENT
RESUBMIT DOCUMENT ID:	503522069
CONVEYING PARTY DATA	
Name	Execution Date
DARWIN HEILMAN (DECEASED) SIGNING ON BEHALF AS LEGAL REPRESENTATIVE D'ANDRA LYNN HEILMAN	08/11/2015
RECEIVING PARTY DATA	
Name:	DANDRA LYNN HEILMAN
Street Address:	806 ROUND LAKE
City:	WHITE LAKE
State/Country:	MICHIGAN
Postal Code:	48386
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	8863765
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	2483881362
Email:	dandra.heilman@gmail.com
Correspondent Name:	D'ANDRA LYNN HEILMAN
Address Line 1:	806 ROUND LAKE ROAD
Address Line 4:	WHITE LAKE, MICHIGAN 48386
NAME OF SUBMITTER:	/DANDRA LYNN HEILMAN/
SIGNATURE:	/DANDRA LYNN HEILMAN./
DATE SIGNED:	10/21/2015
	This document serves as an Oath/Declaration (37 CFR 1.63).
Total Attachments: 3	
source=assingment letter#page1.tif	
source=DIH death certificate#page1.tif	
source=personal rep doc#page1.tif	

To whom it may concern:

I am Darwin Irving Heilman's daughter, and personal representative of his estate signing on behalf of my father, Darwin Irving Heilman. My father did not have a will. As the executor to the deceased Darwin Irving Heilman; I D'Andra Heilman his daughter would like his patent to be assigned into my name. Attached is documentation pertinent to this matter.

D'Andra Heilman

248-388-1362

D'Andra Heilman
10/14/2015

COUNTY OF OAKLAND
STATE OF MICHIGAN

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3756490

TYPEPRINT
IN
PERMANENT
BLACK INK

LF 2575
CF
D000505999



Darwin Heilman
NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S NAME (Print, MAJOR LAST)
DARWIN IRVING HEILMAN

2. DATE OF BIRTH (Month Day Year)
SEPTEMBER 15, 1967

3. SEX
Male

4. DATE OF DEATH (Month Day Year)
June 7, 2014

5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Include AKA, if any)
DARWIN IRVING HEILMAN

6a. AGE - Last Birthday (Years)
46

6b. UNDER 1 YEAR MONTHS
0

6c. UNDER 1 DAY HOURS
0

6d. UNDER 1 DAY MINUTES
0

7a. LOCATION OF DEATH (Enter place officially pronounced dead in, or to, if in hospital or other institution - House if not in either case and completed and certified)
532 Meadows Circle East

7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH
WIXOM

7c. COUNTY OF DEATH
OAKLAND

8a. CURRENT RESIDENCE - STATE
MICHIGAN

8b. COUNTY
OAKLAND

8c. LOCALITY (Check one that applies to the residence)
 City, Village, or Township Unincorporated Area International Location
WIXOM

8d. STREET AND NUMBER (Include apt. or apartment)
532 MEADOWS CIRCLE EAST

9. ZIP CODE
48393

10. BIRTHPLACE (Use one that applies to the decedent)
FARMINGTON, MI

11. RACE (Indicate whether Male, Female, or of unknown sex; give ethnicity or Hispanic/Latino/Latina, if applicable, in addition to race)
WHITE

12. USUAL OCCUPATION (Use one that most closely describes the decedent's occupation)
CRANE OPERATOR

13. DECEASED'S EDUCATION (Check all that apply)
 High School Graduate High School Diploma GED Some College Bachelor's Degree Master's Degree Doctoral Degree

14. FATHER'S NAME (Print, MAJOR LAST)
DARWIN HEILMAN

15. MOTHER'S NAME (Print, MAJOR LAST)
DIANNA YATES

16. INFORMANT'S NAME (Print)
DAREK HEILMAN

17. RELATIONSHIP TO DECEDENT
SON

18. HOME AND ADDRESS (Use one that applies to the informant)
37020 JEFFERSON CT. #743 FARMINGTON HILLS, MICHIGAN 48335

19. METHOD OF DISPOSITION (Check one)
 Burial Cremation Other (Specify)
CREMATION

20. PLACE OF DISPOSITION (Use one that applies to the disposition)
GREAT LAKES CREMATION LYON TWP., MI

21. SIGNATURE OF SECONDARY LICENSEE
Paul Bulman

22. LICENSE NUMBER
6588

23. NAME AND ADDRESS OF FUNERAL HOME OR CREMATION SERVICES
GENERATIONS FUNERAL & CREMATION SERVICES 29550 GRAND RIVER FARMINGTON HILLS, MI 48336

24. CERTIFIER (Check only one)
 Certifying Physician - In the presence of a witness (See instructions on the reverse side)
 Medical Examiner - On the basis of examination, including, in my opinion, death occurred at the time, date and place, and due to the cause stated.

25. ACTUAL OR PRESUMED TIME OF DEATH
Unknown P. M.

26. PRONOUNCED DEAD ON (Date, Day, Year)
June 7, 2014

27. TIME PRONOUNCED DEAD
6:28 P. M.

28. MEDICAL EXAMINER CONTACTED? (Yes/No)
Yes

29. PLACE OF DEATH (Check, if appropriate)
 Nursing Home / Hospice / Assisted Living / Other (Specify)
 Dwelling

30. HOSPITAL (Name, Location, Emergency Number, Other Contact)
Dwelling

27a. DATE SIGNED (Month Day Year)
June 8, 2014

27b. LICENSE NUMBER
49398

27c. MEDICAL EXAMINER'S CASE NUMBER
14-2858

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Print Name and Title)
Dwelling

32. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Print Name and Address)
L.J. Dragovic, M.D., 1200 N. Telegraph Rd., Pontiac, MI 48341-0438

33. REGISTERED PHYSICIAN (Print Name and Address)
Jay

34. DATE
JUN 10 2014

35. CAUSE OF DEATH (Check one)
 Natural - Immediate Cause (From disease or condition resulting in death)
 Natural - Underlying Cause (Disease or injury that initiated the process resulting in death) LAST
 Contact Thru and Thru Gunshot Wound of Chest
 Other (Specify)

36. IMMEDIATE CAUSE (From disease or condition resulting in death)
Due to (or as a consequence of)

37. UNDERLYING CAUSE (Disease or injury that initiated the process resulting in death) LAST
Due to (or as a consequence of)

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

37. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No Unknown

38. IF FEMALE:
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant but pregnant within 42 days of death
 Not pregnant but pregnant 43 days to 1 year before death
 Unknown, if pregnant within the past year

39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)
SUICIDE

40a. WAS AN AUTOPSY PERFORMED? (Yes/No)
Yes

40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes/No)
Yes

41a. DATE OF INJURY (Month Day Year)
June 7, 2014

41b. TIME OF INJURY
Unkn. P. M.

41c. DESCRIBE HOW INJURY OCCURRED
Shot himself

42. PLACE OF INJURY - At Home, Work, School, Transportation, etc.
At Home

43. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)
Driver/Operator

44. LOCATION - Street or Road, etc., City, Village or Town, State
PATENT REEL: 036851 FRAME: 0369 Commerce Twp., MI

MEDICAL EXAMINER

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF OAKLAND

LETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE

FILE NO.

2014 358 810 DE

Estate of DARWIN IRVING HEILMAN

Deceased

To:

Name and address

D'Andra Lynn Heilman
9495 Portage Trail
White Lake MI 48386

Telephone no.

248 388 1362

You have been appointed and qualified as personal representative(s) of the estate on 9/8/2014

Date

You are authorized to perform all acts authorized by law unless exceptions are specified below.

Your authority is limited in the following way:

You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.

Other restrictions or limitations are:

These letters expire: NO EXPIRATION DATE

Date

9/8/2014

Date

Jill Koney Daly / mch

Judge (formal proceedings)/Register Jill Koney Daly (informal proceedings)

Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

9-8-14

Date

Maurice H. ...
Deputy register

Do not write below this line - For court use only

FILED

Deputy Register of Probate

14 SEP -8 AM 10:41
OFFICE EST-BY

MCL 700.3103, MCL 700.3303, MCL 700.3414,
MCL 700.3504, MCL 700.3601,
MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310