

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3589680

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	LETTERS TESTAMENTARY
CONVEYING PARTY DATA	
Name	Execution Date
JOHN H SAYLER	08/27/2015
RECEIVING PARTY DATA	
Name:	JUDITH BANKER
Street Address:	519 GLENDALE CIRCLE
City:	ANN ARBOR
State/Country:	MICHIGAN
Postal Code:	48103
PROPERTY NUMBERS Total: 2	
Property Type	Number
Patent Number:	7151838
Patent Number:	7620194
CORRESPONDENCE DATA	
Fax Number:	(248)351-3082
<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:	7342224776
Email:	jbisdorf@jaffelaw.com
Correspondent Name:	JEREMY D. BISDORF
Address Line 1:	535 W. WILLIAM ST., SUITE 400S
Address Line 4:	ANN ARBOR, MICHIGAN 48103
ATTORNEY DOCKET NUMBER:	JSJB-PATENT
NAME OF SUBMITTER:	JEREMY D. BISDORF
SIGNATURE:	/jdb/
DATE SIGNED:	10/28/2015
Total Attachments: 3	
source=Saylor Letters of Authority & Death Cert._0000#page1.tif	
source=Saylor Letters of Authority & Death Cert._0000#page2.tif	
source=Saylor Letters of Authority & Death Cert._0000#page3.tif	

15-849-DE

JIS CODE: LET

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF WASHTENAW	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. 2015-849	-DE
---	---	----------------------	-----

Estate of John Howard Saylor A/K/A John H. Saylor

TO: Name and address Judith Banker 519 Glendale Circle Ann Arbor, MI 48103	Telephone no. (734) 996-0999
---	---------------------------------

You have been appointed and qualified as personal representative of the estate on 8.27.15
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: 8.27.16
Date

8.27.15
Date

M. Schikora
Judge (formal proceedings)/Register (Informal proceedings) Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

Molly Schikora, P46997

Jaffe, Raitt, Heuer & Weiss, P.C.
Robert E. Lewis P36062
 Attorney name (type or print) Bar no.
27777 Franklin Road, Ste. 2500
 Address
Southfield, MI 48034 (248) 351-3000
 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.

8/27/15
Date

E. J. Myer
Deputy Register

Do not write below this line - For court use only

The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

CHANGE OF ADDRESS: You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative. [MCL 700.3706, MCR 5.307, MCR 5.310(E)]

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

TYPE/PRINT
IN
PERMANENT
BLACK INK

LF _____
CF _____



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3300457

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) John Howard Saylor		2. DATE OF BIRTH (Month, Day, Year) April 20, 1937	3. SEX Male	4. DATE OF DEATH (Month, Day, Year) April 20, 2012
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)			6a. AGE - Last Birthday (Years) 75	6b. UNDER 1 YEAR MONTHS DAYS
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) Oakwood Annapolis Hospital			7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Wayne	7c. COUNTY OF DEATH Wayne
8a. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY Washtenaw	8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE (include limits of) City of Ann Arbor	8d. STREET AND NUMBER (Include Apt. No. if applicable) 519 Glendale Circle	
8e. ZIP CODE 48103	9. BIRTHPLACE (City and State or Country) Chicago, Illinois	10. SOCIAL SECURITY NUMBER 577-50-9394	11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? PhD	
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe English-German-French		13b. HISPANIC ORIGIN (Yes or No) No
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Computer Scientist		16. KIND OF BUSINESS OR INDUSTRY Computer Industry	17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) Judith Banker

PARENTS

19. FATHER'S NAME (First, Middle, Last) Allen Saylor	20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Mary Hill
--	--

INFORMANT

21a. INFORMANT'S NAME (Type/Print) Judith Banker	21b. RELATIONSHIP TO DECEDENT Wife	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 519 Glendale Circle, Ann Arbor, MI 48103
--	--	---

DISPOSITION

22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Cremation	23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) Detroit Wilbert Cremation Services	23b. LOCATION - City or Village, State Auburn Hills, Michigan
--	---	---

CERTIFICATION

24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>Ernie Woertz</i>	25. LICENSE NUMBER (of Licensee) 7047	26. NAME AND ADDRESS OF FUNERAL FACILITY Muehlig Funeral Chapel 403 S. Fourth Ave., Ann Arbor, MI 48104	
27a. CERTIFIER (check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner 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 and manner stated. Signature and Title: <i>[Signature]</i>	27b. DATE SIGNED (Mo, Day, Yr) 4-26-12	27c. LICENSE NUMBER 4301068308	28a. ACTUAL OR PRESUMED TIME OF DEATH (Mo, Day, Yr) 10:00 AM April 20, 2012
		28b. PRONOUNCED DEAD ON (Mo, Day, Yr) April 20, 2012	28c. TIME PRONOUNCED DEAD 10:00 AM
		29. MEDICAL EXAMINER CONTACTED? (Yes or No) Yes	30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital
		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 12-4362	31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) Inpatient
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) MOHAMAD H. KABBAN; 18100 OAKWOOD BLVD SUITE 205 DEARBORN MI 48124			33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
35a. REGISTRAR'S SIGNATURE <i>Matthew K. Miller</i>		35b. DATE FILED (Month, Day, Year) MAY 02 2012	

CAUSE OF DEATH

36. PART I. Enter the chain of events - 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. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			Approximate Interval Between Onset and Death
a.	Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF)		hours
b.	Cardiopulmonary arrest DUE TO (OR AS A CONSEQUENCE OF)		hours
c.	Brain encephalopathy DUE TO (OR AS A CONSEQUENCE OF)		hours
d.			

MEDICAL EXAMINER

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural	40a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
41a. DATE OF INJURY (Mo, Day, Yr)	41b. TIME OF INJURY M	41c. DESCRIBE HOW INJURY OCCURRED	
41d. INJURY AT WORK (Yes or No)	41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)	41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)	41g. LOCATION - Street or RFD No. City, Village or Twp. State

Date of Issue:
MAY 02 2012

This is a certified copy of a record from the files of the City Clerk, City of Wayne, Michigan. This record is not valid if it has been altered or does not bear the raised seal of the City of Wayne.

Matthew K. Miller
Matthew K. Miller, City Clerk, Registrar

00175336
RECORDED: 10/28/2015

PATENT
REEL: 036985 FRAME: 0577