

PATENT ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

EPAS ID: PAT3787879

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
SEQUENCE:	2	
CONVEYING PARTY DATA		
	Name	Execution Date
	ANNA DE FEO	03/17/2016
	ANNA DE FEO - EXECUTOR FOR THE ESTATE OF THE DECEASED	03/17/2016
RECEIVING PARTY DATA		
Name:	ANNA DE FEO	
Street Address:	772 BOSTON POST ROAD	
City:	RYE	
State/Country:	NEW YORK	
Postal Code:	10580	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Patent Number:	D657472	
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:	914-967-7369	
Email:	nonnadefeo@yahoo.com	
Correspondent Name:	ANNA DE FEO	
Address Line 1:	772 BOSTON POST ROAD	
Address Line 4:	RYE, NEW YORK 10580	
NAME OF SUBMITTER:	ANNA DE FEO	
SIGNATURE:	/Anna De Feo/	
DATE SIGNED:	03/17/2016	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3		
source=ASSIGNMENT OF PATENT_D65#page1.tif		
source=fullsize-deathcertificate#page1.tif		
source=patent_D65#page1.tif		

ASSIGNMENT OF PATENT

Whereas I ANNA DE FEO EXECUTOR OF THE ESTATE FOR THE DECEASED is owner of said patent/application US D657,472 S Filed April 10th, 2012_____.

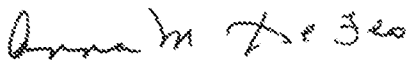
Whereas,

ANNA DE FEO

Hereafter referred to said assignee is desirous of acquiring the entire right and interest in said patent/application.

Now, therefore, I acknowledged, and other good and valuable consideration, I owner by these presents do sell assign and transfer unto said assignee the entire right title and interest in afrosaid patent.

Executed this March 17, 2016

Signature: 

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-13-001249

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
JANUARY 10, 2013 05:24 PM

1. DECEDENT'S LEGAL NAME **MICHAEL DEFEQ**
(First, Middle, Last)

Place of Death: City County	2a. New York City 2b. Borough 2c. District	3a. Type of Place 1 <input checked="" type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dying on Arrival 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	4. Any Hospice Care in last 30 days 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input checked="" type="checkbox"/> Unknown	5a. Name of hospital or other facility (if not facility, street address) New York Weill Cornell Medical Center
	Date and Time of Death Date: January 09 2013 Time: 12:39 AM	6. Sex Male	7. Date last attended by a Physician mm dd yyyy 01 09 2013	
8. Certifier: I certify that death occurred at the time, date, and place indicated and that to the best of my knowledge traumatic injury or poisoning (D10 D21) play any part in causing death, and that death did not come in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.				
Name of Physician Sarah Adkins MD Address: 525 E 68th Street, New York, New York 10065		Signature: <i>Sarah Adkins</i> Signature Electronically Authenticated License No. 252156 Date JAN-09-2013		
9. Usual Residence State New York	10. County Westchester	11. City or Town Rye	12. Street and Number 772 Boston Post Road	13. Apt. No. 10580
14. Date of Birth: Month Day Year July 22 1938	15. Age at last birthday (years) 74	16. Social Security No. 080-30-5029		
17a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Licensed Massage Therapist		17b. Kind of business or industry Massage Therapy		
18. Birthplace (City & State or Foreign Country) Italy		19. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input checked="" type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BS, BA, BSc) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MDiv, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DVM, DPM, LL.M., J.D.)		
20. Ever in U.S. Armed Forces? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		21. Marital Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other Specify 8 <input type="checkbox"/> Unknown		
22. Father's Name (First, Middle, Last) Natale DeFeo		23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Micheline Renzulli		
24a. Informant's Name Anna DeFeo		24b. Relationship to Decedent Spouse		
25a. Address (Street and Number) 772 Boston Post Road, Rye, New York		25b. City & State 10580		
26a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input checked="" type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify		26b. Place of Disposition (Name of cemetery, territory, other place) Ferncliff Cemetery		
27a. Location of Disposition (City & State or Foreign Country) Hartsdale, New York		27b. Date of Disposition mm dd yyyy 01 12 2013		
28a. Funeral Establishment Graham Funeral Home		28b. Address (Street and Number) 1036 Boston Post Road, Rye, New York 10580		

The City of New York

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify the truth of the statements made therein, as no inquiry as to the facts has been provided by law.

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DATE ISSUED January 10, 2013 Order No. 20130107410

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar



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PATENT

ANY ALTERATION OR SIMULATED VOIDS THIS REEL: 038011 FRAME: 0457



US00D657472S

(12) United States Design Patent
DeFeo**(10) Patent No.: US D657,472 S****(45) Date of Patent: ** Apr. 10, 2012****(54) THERAPEUTIC DEVICE FOR POSITIONING
BENEATH A TOILET SEAT TO PROMOTE
AND FACILITATE COMFORTABLE BOWEL
MOVEMENT****(75) Inventor: Michael DeFeo, Rye, NY (US)****(73) Assignee: Michael De Feo, Rye, NY (US)****(***) Term: 14 Years****(21) Appl. No.: 29/316,625****(22) Filed: Oct. 15, 2009****(51) LOC (9) CL 28-03****(52) U.S. CL D24/200****(58) Field of Classification Search D24/200,**

D24/206, 209, 210, 185-187, 214, 215, 190,

D24/191, 181, 183; 602/5, 19, 36; 128/870,

128/846, 888; 2/467; 4/237; 601/135, 15

See application file for complete search history.

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Primary Examiner — David Muller**(57) CLAIM**

I claim the ornamental design for a therapeutic device for positioning beneath a toilet seat to promote and facilitate comfortable bowel movement, as shown and described.

DESCRIPTION

FIG. 1 is a top, front and left side perspective view of my new design.

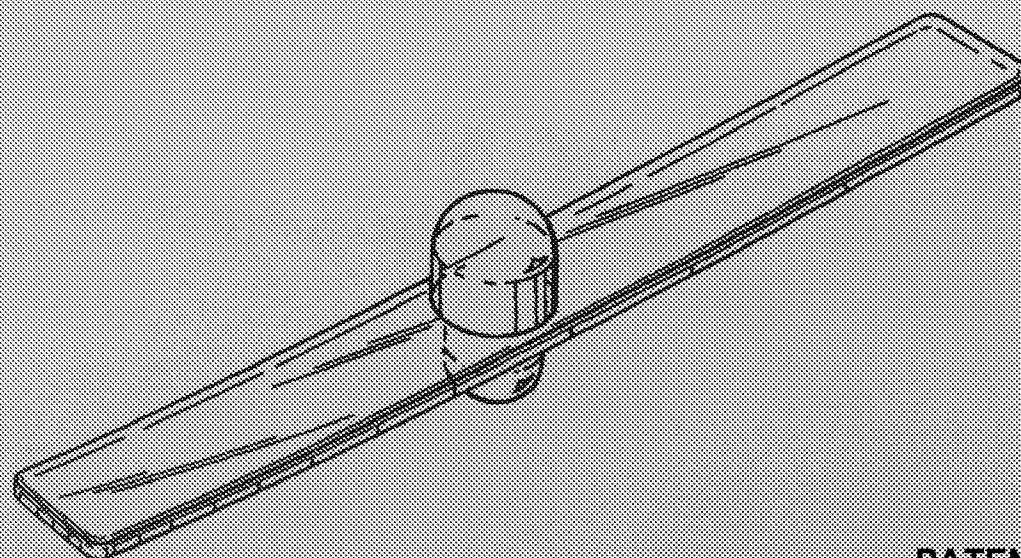
FIG. 2 is a front elevation view thereof;

FIG. 3 is a top plan view thereof;

FIG. 4 is a right end elevation view thereof, the left end elevation view being identical; and,

FIG. 5 is a bottom plan view thereof.

The design consists of an elongate, bar-like support having at least one rounded projection that extends away from a central area of the support and provides a rounded engagement surface, with some embodiments including two rounded projections of different size that extend away from the support in opposite directions.

1 Claim, 2 Drawing Sheets**PATENT****RECORDED: 03/17/2016****REEL: 038011 FRAME: 0458**