

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5149940

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	LETTERS OF PERSONAL REPRESENTATIVE AND DEATH CERTIFICATE	
CONVEYING PARTY DATA		
	Name	Execution Date
	MYRON L. MUNN (DECEASED), PERSONAL REPRESENTATIVE OF ESTATE SUZANNE M. MUNN	10/06/2016
RECEIVING PARTY DATA		
Name:	SUZANNE M. MUNN	
Street Address:	808 WEST LOCUST ROAD	
City:	BEATRICE	
State/Country:	NEBRASKA	
Postal Code:	68310	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Patent Number:	7913687	
CORRESPONDENCE DATA		
Fax Number:	(402)392-0734	
<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:	402-392-2280	
Email:	sedivy@thomtelaw.com	
Correspondent Name:	DENNIS L. THOMTE	
Address Line 1:	2120 SOUTH 72ND STREET, SUITE 1111	
Address Line 4:	OMAHA, NEBRASKA 68124	
NAME OF SUBMITTER:	DENNIS L. THOMTE	
SIGNATURE:	/DENNIS L. THOMTE/	
DATE SIGNED:	09/20/2018	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 2		
source=PERSONAL REPRESENTATIVE AND DEATH CERTIFICATE#page1.tif		
source=PERSONAL REPRESENTATIVE AND DEATH CERTIFICATE#page2.tif		

IN THE COUNTY COURT OF GAGE COUNTY, NEBRASKA

IN THE MATTER OF THE ESTATE OF)

) Case No. PR 16- 101

MYRON L. MUNN, Deceased.)

) LETTERS OF PERSONAL
REPRESENTATIVE

THE STATE OF NEBRASKA


KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, on October 6, 2016, Suzanne M. Munn was appointed and qualified as Personal Representative of the above-named Decedent by this Court or its Registrar, with all the authority granted to a Personal Representative by law;

NOW, THEREFORE, these Letters are issued as evidence of such appointment and qualification and authority of Suzanne M. Munn to do and perform all acts, which may be authorized by law.


WITNESS, the signature of a Judge or Registrar of this Court, and the seal of this Court, on the 6th day of October, 2016.

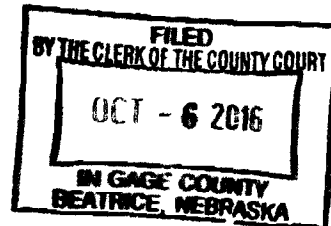



Registrar

STATE OF NEBRASKA I, hereby certify
COUNTY OF GAGE the foregoing to be
a true and correct copy of the original record
on file in said Court.

WITNESS my hand and the seal of said Court
of Beatrice, this 11th day of October,
2016.


Clerk of the County Court



000277727C83
PATENT
REEL: 047113 FRAME: 0793

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

10/7/2016

LINCOLN, NEBRASKA

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT HEALTH AND
HUMAN SERVICES



STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

16 07268

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Myron Lee Munn			2. SEX Male		3. DATE OF BIRTH (Mo., Day, Yr.) September 25, 1916	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Grand Island, Nebraska			5a. AGE - Last Birthday 62		5b. UNDER 1 YEAR NO	
5c. UNDER 1 DAY NO			5d. UNDER 1 DAY NO		5e. UNDER 1 DAY NO	
6. DATE OF DEATH (Mo., Day, Yr.) October 4, 1957						
7. SOCIAL SECURITY NUMBER 507-74-5241			8. PLACE OF DEATH HOSPITAL <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/>			
9. FACILITY NAME (If not institution, give street and address) Beatrice Community Hospital & Health Center			10. CITY OR TOWN OF DEATH (Include Zip Code) Beatrice 68310			
11. CITY OR TOWN OF DEATH (Include Zip Code) Beatrice 68310			12. COUNTY OF DEATH Gage			
13. RESIDENCE STATE Nebraska			14. COUNTY Gage		15. CITY OR TOWN Beatrice	
16. STREET AND NUMBER 808 W. Locust Road			17. APT. NO. 		18. ZIP CODE 68310	
19. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			20. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name Suzanne Bartels			
21. FATHER'S NAME (First, Middle, Last, Suffix) William Munn			22. MOTHER'S NAME (First, Middle, Maiden Surname) Norma Genesee Bartel			
23. EVER IN U.S. ARMED FORCES? Give dates of service if yes NO			24. INFORMANT NAME Suzanne Munn		25. RELATIONSHIP TO DECEDENT SPOUSE	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)			27. EMBALMER SIGNATURE Not Embalmed		28. LICENSE NO. 	
29. DATE (Mo., Day, Yr.) September 27, 2016						
30. CEMETERY, CREMATORY OR OTHER LOCATION Southeast Nebraska Cemetery			31. CITY/TOWN Beatrice		32. STATE Nebraska	
33. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Hartman White Mortuary, 623 Ek Street, Beatrice, Nebraska			34. Zip Code 68310			
CAUSE OF DEATH (See instructions and examples)						
35. PART I. Enter the chain of events - diseases, injuries, or circumstances that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						
36. IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Stage 4 Non-small Cell Lung Cancer With Metastasis						
37. DUE TO, OR AS A CONSEQUENCE OF: b)						
38. DUE TO, OR AS A CONSEQUENCE OF: c)						
39. DUE TO, OR AS A CONSEQUENCE OF: d)						
40. PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not resulting in the underlying cause given in PART I. Hypertension Type 2 Diabetes						
41. THIS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
42. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						
43. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined						
44. IF TRANSPORTATION (Driver/Operator, Passenger, Pedestrian, Other (Specify)) Driver/Operator						
45. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
46. DATE OF INJURY (Mo., Day, Yr.)						
47. TIME OF INJURY						
48. PLACE OF INJURY (At home, farm, street, factory, office, building, construction site, etc. (Specify))						
49. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
50. DESCRIBE HOW INJURY OCCURRED						
51. DATE OF INJURY - STREET & NUMBER, APT. NO.						
52. CITY/TOWN						
53. STATE						
54. ZIP CODE						
55. DATE OF DEATH (Mo., Day, Yr.) September 25, 2016						
56. DATE SIGNED (Mo., Day, Yr.) September 25, 2016						
57. TIME OF DEATH 05:58 PM						
58. PREVIOUSLY DEAD (Mo., Day, Yr.)						
59. TIME PREVIOUSLY DEAD						
60. 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) stated. (Signature and Title) Paul S. Zuercher, MD						
61. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN						
62. WAS ORIGIN OR SOURCE OF TOBACCO BEEN DETERMINED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
63. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
64. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Paul S. Zuercher MD 4800 Hospital Drive, Beatrice Nebraska 68310						
65. REGISTRAR'S SIGNATURE Stanley D. Cooper						
66. DATE FILED BY REGISTRAR (Mo., Day, Yr.) October 3, 2016						

0041450

PATENT

REEL: 047113 FRAME: 0794

RECORDED: 09/20/2018