

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5346866

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GRANT MATTHEW STEARNS	01/28/2019
ALEXANDER J. SIEGEL	10/04/2018
RECEIVING PARTY DATA	
Name:	EDWARDS LIFESCIENCES CORPORATION
Street Address:	ONE EDWARDS WAY
City:	IRVINE
State/Country:	CALIFORNIA
Postal Code:	92614
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16208264
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>	
Email:	christine_gray-vu@edwards.com
Correspondent Name:	EDWARDS LIFESCIENCES CORPORATION
Address Line 1:	ONE EDWARDS WAY
Address Line 2:	LEGAL DEPARTMENT
Address Line 4:	IRVINE, CALIFORNIA 92614
ATTORNEY DOCKET NUMBER:	9065US02
NAME OF SUBMITTER:	CHRISTINE GRAY VU
SIGNATURE:	/Christine Gray Vu/
DATE SIGNED:	01/28/2019
Total Attachments: 2	
source=9065US02_Declaration#page1.tif	
source=9065US02_Declaration#page2.tif	

DECLARATION

As a below named inventor, I hereby declare that:

My Residence and mailing address are as stated below next to my name.

I believe I am the original inventor (if only one name is listed below) or an original joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **INFLATABLE HEART VALVE COAPTATION DEVICE** the specification of which

- (a) is attached hereto
- or
- (b) was filed on December 3, 2018 as United States Application No. 16/208,264 and was amended on _____ (if applicable).

The above-identified application was made or authorized to be made by me.

In the event that the filing date and/or Application No. are not entered above at the time I enter this document, and if such information is deemed necessary, I hereby authorize and request the attorneys/agent(s) at Edwards Lifesciences, One Edwards Way, Irvine, California 92614, to insert above the filing date and/or Application No. of said application.

I hereby acknowledge that any willful false statement made in this Declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

I acknowledge the duty to disclose information that is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

Address all correspondence and telephone calls to:

Michael Crapenhof, Registration No. **37,115**
Edwards Lifesciences
Legal Dept.
One Edwards Way, Irvine, California 92614
Telephone: (949) 250-2596, Facsimile: (949) 250-6850
Customer No. 30452

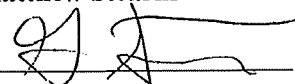
Full name of first joint inventor:

Grant Matthew Stearns

Full name of second joint inventor:

Alexander J. Siegel

Inventor's signature: X



Inventor's signature: X _____

Date:

1/28/19

Date: _____

Residence: Costa Mesa, California

Residence: Costa Mesa, California

Mailing Address:

Edwards Lifesciences Corporation
One Edwards Way
Irvine, CA 92614

Mailing Address:

Edwards Lifesciences Corporation
One Edwards Way
Irvine, CA 92614

DECLARATION

As a below named inventor, I hereby declare that:

My Residence and mailing address are as stated below next to my name.

I believe I am the original inventor (if only one name is listed below) or an original joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **INFLATABLE HEART VALVE COAPTATION DEVICE** the specification of which

(a) is attached hereto

or

(b) was filed on December 3, 2018 as United States Application No. 16/208,264 and was amended on _____ (if applicable).

The above-identified application was made or authorized to be made by me.

In the event that the filing date and/or Application No. are not entered above at the time I enter this document, and if such information is deemed necessary, I hereby authorize and request the attorneys/agent(s) at Edwards Lifesciences, One Edwards Way, Irvine, California 92614, to insert above the filing date and/or Application No. of said application.

I hereby acknowledge that any willful false statement made in this Declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

I acknowledge the duty to disclose information that is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

Address all correspondence and telephone calls to:

Michael Crapenhof, Registration No. **37,115**
Edwards Lifesciences
Legal Dept.
One Edwards Way, Irvine, California 92614
Telephone: (949) 250-2596, Facsimile: (949) 250-6850
Customer No. 30452

Full name of first joint inventor:

Grant Matthew Stearns

Full name of second joint inventor:

Alexander J. Siegel

Inventor's signature: X _____

Inventor's signature: X 

Date: _____

Date: 10/9/18

Residence: Costa Mesa, California

Residence: Costa Mesa, California

Mailing Address:

Edwards Lifesciences Corporation
One Edwards Way
Irvine, CA 92614

Mailing Address:

Edwards Lifesciences Corporation
One Edwards Way
Irvine, CA 92614