

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5411905

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
LELAND PACE SPECIAL ADMINISTRATOR ON BEHALF OF JAMES B. MCCALL	01/01/2019
RECEIVING PARTY DATA	
Name:	ALPHONSE CASSONE
Street Address:	525 HALLORAN SPRINGS ROAD
City:	LAS VEGAS
State/Country:	NEVADA
Postal Code:	89148
PROPERTY NUMBERS Total: 4	
Property Type	Number
Patent Number:	7407488
Patent Number:	6500134
Patent Number:	7077815
Patent Number:	8197873
CORRESPONDENCE DATA	
Fax Number:	(480)947-2663
<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:	4809948888
Email:	MPHILLIPS@WEISSIPLAW.COM
Correspondent Name:	WEISS & MOY,
Address Line 1:	4204 NORTH BROWN AVENUE
Address Line 4:	SCOTTSDALE, ARIZONA 85251
ATTORNEY DOCKET NUMBER:	4139P
NAME OF SUBMITTER:	JEFFREY D. MOY
SIGNATURE:	/JEFFREY D. MOY/
DATE SIGNED:	03/08/2019
Total Attachments: 7	
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WHEREAS, JAMES B. MCCALL, 3219 S. TORREY PINSE DRIVE, LAS VEGAS, NEVADA 89146, [hereinafter referred to as Assignor], owns the following Patents described, illustrated, and claimed in the following:

Utility Patents:

- **Patent No.:** 7,407,488 **Issue Date:** 08/05/2008
- **Patent No.:** 6,500,134 **Issue Date:** 12/31/2002
- **Patent No.:** 7,077,815 **Issue Date:** 07/18/2006
- **Patent No.:** 8,197,873 **Issue Date:** 06/12/2012

for which is being executed an application for United States Letters Patent concurrently herewith; and

WHEREAS, James B. McCall passed away on May 2, 2018, wherein a copy of the death certificate of James B. McCall is attached hereto; WHEREAS Leland Pace has been appointed as Special Administrator and legal representative of the James B. McCall Estate., wherein a copy of a Declaration of Ownership by Leland Pace is attached hereto;

WHEREAS, ALPHONSE CASSONE 525 HALLORAN SPRINGS ROAD, LAS VEGAS, NV 89148, (hereinafter referred to as "Assignee") is desirous of securing the entire right, title, and interest in and to these Patents, noted above, in all countries throughout the world;

NOW THEREFORE, be it known that, for good and valuable consideration, the receipt of which from Assignee is hereby acknowledged, I LELAND PACE, (hereinafter referred to as "Assignor") have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the Assignees, their lawful successors and assigns (Alphonso Cassone) the entire right, title, and interest in and to this invention and this Patent and all reissues thereof, and all rights to claim priority on the basis of the above Patent (if any), as well as all rights to claim priority on the basis of the Patent and all applications for Letters Patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any


foreign country, and all extensions, renewals, and reissues thereof;

I HEREBY authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to Assignees, their successors and assigns, in accordance with the terms of this Assignment.

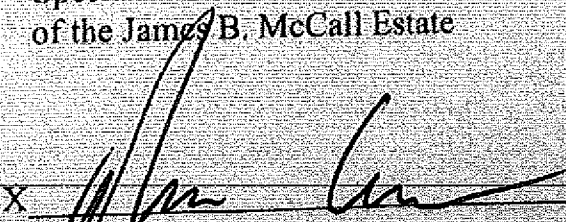
AND, I HEREBY covenant that we have the full right to convey the interest assigned by this Assignment and I have not executed and will not execute any agreement in conflict with this Assignment;

AND, I HEREBY further covenant and agree that I will, without further consideration, communicate with Assignees, their successors and assigns, any facts known to us respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said Assignees, their successors, or assigns, execute all divisional, continuation, and reissue applications (if any), make all rightful oaths and generally do everything possible to aid Assignees, their successors, and assigns to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by the Assignees, their successors and assigns.

IN TESTIMONY WHEREOF, we have hereunto set our hands to this Agreement:

X 
Leland Pace
Special Administrator and legal representative
of the James B. McCall Estate

1. Mar. 19
Date

X 
Alphonse Cassone
Assignee

3/1/2019
Date

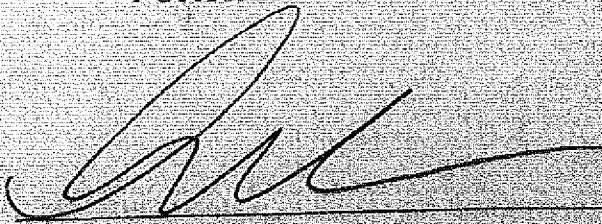
DECLARATION OF OWNERSHIP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I, Leland Pace, declare as follows:

1. I have been appointed as Special Administrator and legal representative of the James B. McCall Estate.
2. James B. McCall passed away on May 2, 2018. A copy of his death certificate is attached hereto.
3. As James B. McCall's Special Administrator and legal representative, I have the legal authority to assign the James B. McCall Estate's proprietary interest in U.S. Patent Nos. 7,407,488, 6,500,134, 7,077,815 and 8,197,873.
4. I further declare that all statements made herein are of my own knowledge and all statements made on information or belief are believed to be true; and further that these statements are made with the knowledge that willful and false statements and the like so made are punishable by fine or imprisonment or both under §1001 of Title 18 of the United States Code and that such willful and false statements may jeopardize the validity and/or enforceability of U.S. Patent No. 7,407,488, 6,500,134, 7,077,815 and 8,197,873.

FURTHER DECLARANT SAYETH NOT



Leland Pace

1-Mar-19
Date

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 4017661

2018008910
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) James Bassey MCCALL		2. DATE OF DEATH (Mo/Day/Year) May 02, 2018		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or Inpatient (Specify)) 3219 S Torrey Pines Dr Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) June 21, 1933	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 554-42-6287		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	15d. STREET AND NUMBER 3219 S Torrey Pines Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) William A MCCALL			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Ethel M BASSEY		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Geraldine E SILVA		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2101 NW Cascade View Dr Bend, Oregon 97703			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Valley View Cemetery		19c. LOCATION - City or Town - State Las Vegas Nevada 89123	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NAOMI VALDEZ SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD896		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GIRISH DAULAT DO SIGNATURE AUTHENTICATED		22a. 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 & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) May 04, 2018		21c. HOUR OF DEATH 17:18		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Girish Daulat DO 4141 Swenson Street Las Vegas, NV 89119			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER DO552		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) End Stage Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death Years	
	PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED				
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VR8-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **MAY 09 2018** Registrar of Vital Statistics
By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-769-1010 • Tax ID # 88-0161573





1 BRIAN K. STEADMAN, ESQ.
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6 Cheyenne West Professional Centre
9060 West Cheyenne Avenue
7 Las Vegas, Nevada 89129
Telephone: (702) 853-5483
8 Facsimile: (702) 853-5485

9 *Attorneys for Applicant, Leland Pace, Personal Representative*

10 **DISTRICT COURT**

11 **CLARK COUNTY, NEVADA**

12 In the Matter of the Estate of:

Case No.: P-18-095750-E
Dept. No.: Probate/Courtroom 17A

13 JAMES B. MCCALL,

14 Deceased.

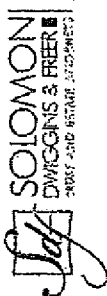
15 **LETTERS OF SPECIAL ADMINISTRATION**

16 On the 5th day of July, 2018, the Court entered an ORDER APPROVING EX PARTE
17 APPLICATION FOR APPOINTMENT OF SPECIAL ADMINISTRATOR AND FOR ISSUANCE
18 OF LETTERS OF SPECIAL ADMINISTRATION WITH LIMITED SPECIFIC POWERS ("Order").

19 The Order appoints LELAND PACE as Special Administrator and legal representative of the Estate of
20 JAMES B. MCCALL, Decedent. The Order includes:
21

- 22 A directive for no bond;
- 23 A directive that all liquid assets be held in the Solomon Dwiggin & Freer, Ltd. Attorney Client
- 24 Trust Account;
- 25
- 26 ~~A directive for the posting of a bond in the sum of \$ _____; or~~ *P*
- 27 ~~A directive for the establishment of a blocked account.~~ *P*
- 28


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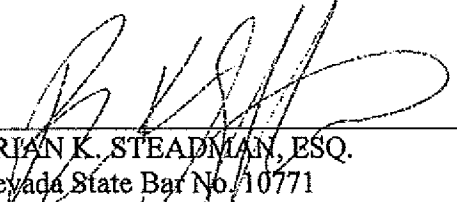
1 The Special Administrator, having duly qualified, may act on behalf of the Estate of JAMES B.
2 MCCALL, and has the authority and duties of Special Administrator as set forth in such Order,
3 including the power to issue Notice to Creditors.

4 In testimony of which, I have this date signed these Letters and affixed the seal of the Court.

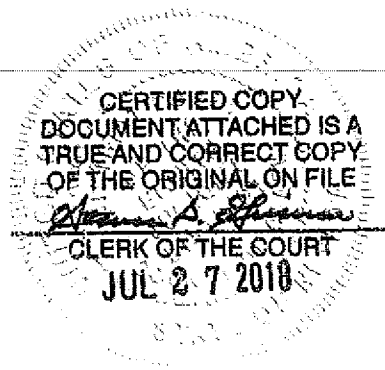
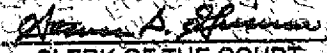
5 STEVEN D. GRIERSON, CLERK OF COURT

6
7
8 By: 
9 Deputy Clerk Stacey Alvarez Date 7/27/2018

10 Respectfully Submitted by:
11
12 SOLOMON DWIGGINS & FREER, LTD.

13
14 By: 
15 BRIAN K. STEADMAN, ESQ.
16 Nevada State Bar No. 10771
17 ALAN D. FREER, ESQ.
18 Nevada State Bar No. 7706
19 9060 West Cheyenne Avenue
20 Las Vegas, Nevada 89129

21 *Attorneys for Applicant, Leland Pace, Personal Representative*

22
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CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE ORIGINAL ON FILE

CLERK OF THE COURT
JUL 27 2018

SOLOMON DWIGGINS & FREER
TRUST AND ESTATE ATTORNEYS
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OATH

I, LELAND PACE, residing at 1971 Terra Vista Way, Las Vegas, Nevada 89117, solemnly affirm that I will faithfully perform according to law the duties of Special Administrator, and that all matters stated in any petition or paper filed with the Court by me are true of my own knowledge or, if any matters are stated on information and belief, I believe them to be true.

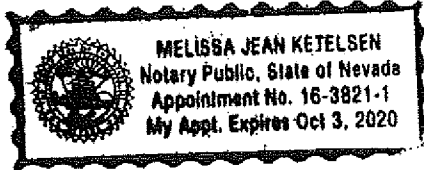
Executed this 24th day of July, 2018.

LELAND PACE

STATE OF Nevada)
)
COUNTY OF Clark)

ss.

SUBSCRIBED and AFFIRMED before me on the 24 day of July, 2018, by LELAND PACE.



Melissa Jean Ketelsen
NOTARY PUBLIC, in and for said State and County

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