

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5623620

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JOEL BRETAN	07/17/2019
RUTH DEL VECCHIO	07/17/2019
RECEIVING PARTY DATA	
Name:	MIGHTY GRIP, INC.
Street Address:	20406 N. 29TH PLACE
City:	PHOENIX
State/Country:	ARIZONA
Postal Code:	85050
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	8973162
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:	patent@buchalter.com
Correspondent Name:	PHILIP NULUD
Address Line 1:	1000 WILSHIRE BLVD., SUITE 1500
Address Line 2:	BUCHALTER, A PROFESSIONAL CORPORATION
Address Line 4:	LOS ANGELES, CALIFORNIA 90017
ATTORNEY DOCKET NUMBER:	M5727-2000
NAME OF SUBMITTER:	PHILIP NULUD
SIGNATURE:	/Philip Nulud/
DATE SIGNED:	07/17/2019
This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3	
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source=4081_001#page2.tif	
source=Vincent D Del Vecchio Death Cert#page1.tif	

WORLDWIDE ASSIGNMENT TO MIGHTY GRIP, INC.

For good and valuable consideration, I, Joel Bretan, residing in, Scottsdale, AZ, a citizen of the United States, and I, Ruth Del Vecchio, residing in, Scottsdale, AZ, a citizen of the United States, hereinafter collectively referred to as Assignor, hereby sells, assigns, transfers, and sets over to Mighty Grip, Inc., a Corporation organized and existing under the laws of Arizona, having its principal place of business at 20406 N 29th Place, Phoenix, AZ 85050 U.S.A., hereinafter referred to as Assignee, its successors, assigns and legal representatives, the entire right, title and interest, in and for the United States and all foreign countries, in and to any and all inventions disclosed in US Patent No. 8,973,162, and Application Serial No. 13/624,901, in and to said application and any and all non-provisional, divisional, continuing, substitute, renewal, reissue, re-examination, extensions, certificates, and all other applications for Letters Patent which have been or shall be filed in the United States and all foreign countries on any of said inventions or to which the benefits of the priority date of said application is or will be claimed; and in and to all original and reissued patents which have been or shall be filed in the United States and all foreign countries on said inventions including all rights under the International Convention for the Protection of Industrial Property to be held and enjoyed by Assignee for its own use and the use of its successors, legal representatives and assigns to the full term or terms for which Letters Patent or Patents may be granted, as fully and entirely as the same would have been held and enjoyed by the Assignor, had the assignment not been made;

Vincent Del Vecchio is the listed inventor and owner of the aforementioned US Patent No. 8,973,162, and Application Serial No. 13/624,901. Unfortunately, Mr. Del Vecchio passed away, a copy of his death certificate is attached. Mr. Del Vecchio's estate has passed to his wife, Ruth Del Vecchio, who is the executor of his estate. Therefore, Mrs. Del Vecchio is signing this assignment on Mr. Del Vecchio's behalf;

Assignor agrees that Assignee may apply for and receive Letters Patent in this or any other countries for said inventions in its own name;

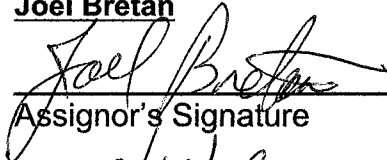
Assignor agrees that, at the request of the Assignee and, without charge to but at the expense of said Assignee, Assignor will carry out in good faith the intent and purpose of this Assignment; execute forms and documents for all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all said inventions; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to Assignee all facts known to the undersigned relating to said inventions and the history thereof; and generally do everything possible which Assignee shall consider desirable for aiding in securing and mainlining proper patent protection for said inventions and for vesting title to said inventions, and all applications for patents and all patents on inventions in said Assignee;

Covenant with Assignee that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

WORLDWIDE ASSIGNMENT TO MIGHTY GRIP, INC.

AND Assignor hereby request the Commissioner of Patents to issue any Letters Patent of the United States to Assignee as the Assignee of said inventions and Letters Patent to be issued thereon for the sole use of Assignee, its successors, legal representatives and assigns.

Joel Bretan



Assignor's Signature

7/17/19

Date of Execution

Ruth Del Vecchio



Assignor's Signature

7/17/19

Date of Execution

STATE OF ARIZONA

CERTIFICATE OF VITAL RECORD

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2017-015657

1. DECEASED'S LEGAL NAME (FIRST, MIDDLE, LAST) VINCENT D DEL VECCHIO			2. AREA OF DEATH			3. DATE OF DEATH 04/05/2017		
4. SEX MALE	5. SOCIAL SECURITY NUMBER 118-42-5515	6. DATE OF BIRTH 04/03/1948	7. AGE 69	8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 YEAR		10. HOURS UNDER 1 YEAR
12. PLACE OF BIRTH (HOSPITAL) <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER			13. PLACE OF DEATH (OTHER THAN HOSPITAL) <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE <input type="checkbox"/> HOSPICE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			14. COUNTY OF DEATH MARICOPA		
15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH SCOTTSDALE 85260			16. COUNTY OF DEATH MARICOPA			17. DEATHPLACE CITY AND STATE OR FOREIGN COUNTRY NEW YORK, NEW YORK		
18. MARITAL STATUS AT TIME OF DEATH MARRIED			19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) RUTH ELLEN BRETAN			20. ZIP CODE 85260		
21. DECEASED'S USUAL RESIDENCE STREET ADDRESS 9126 E VOLTAIRE DR			22. CITY AND COUNTY SCOTTSDALE, MARICOPA			23. STATE ARIZONA		
24. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			25. DECEASED'S RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN ISLAND <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			26. AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLLED TRIBE ADDITIONAL TRIBE		
27. FATHER'S NAME (FIRST, MIDDLE, LAST) RICHARD DEL VECCHIO			28. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) CONCETTA RICCO			29. DECEASED'S OCCUPATION TEACHER		
30. INFORMANT'S NAME RUTH ELLEN DEL VECCHIO			31. RELATIONSHIP OF INFORMANT TO DECEASED SPOUSE			32. INFORMANT'S MAILING ADDRESS 9126 E VOLTAIRE DR, SCOTTSDALE, ARIZONA 85260		
33. NAME AND ADDRESS OF FUNERAL FACILITY MESSENGER INDIAN SCHOOL MORTUARY 7801 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ			34. FUNERAL DIRECTOR NANCY A REIL, FUNERAL DIRECTOR			35. LICENSE NUMBER F0606		
36. METHOD OF DISPOSITION CREMATION			37. NAME AND LOCATION OF 1st DISPOSITION FACILITY PARADISE MEMORIAL CREMATORY INC. SCOTTSDALE, ARIZONA			38. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
39. IMMEDIATE CAUSE OF DEATH 40. A MYOCARDIAL INFARCTION			41. APPROXIMATE INTERVAL UNKNOWN			42. APPROXIMATE INTERVAL UNKNOWN		
43. DUE TO OR AS A CONSEQUENCE OF 44. B HYPERLIPIDEMIA			45. APPROXIMATE INTERVAL UNKNOWN			46. APPROXIMATE INTERVAL UNKNOWN		
47. DUE TO OR AS A CONSEQUENCE OF 48. C			49. APPROXIMATE INTERVAL UNKNOWN			50. APPROXIMATE INTERVAL UNKNOWN		
51. DUE TO OR AS A CONSEQUENCE OF 52. D			53. APPROXIMATE INTERVAL UNKNOWN			54. APPROXIMATE INTERVAL UNKNOWN		
CAUSE OF DEATH PART II								
55. OTHER SIGNIFICANT DISEASES CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES LISTED ABOVE			56. TRUTHFUL? YES			57. INJURY AT WORK? NO		
58. MANNER OF DEATH NATURAL DEATH			59. TIME OF DEATH 1924			60. WAS AN AUTOPSY PERFORMED? NO		
61. DATE AND MANNER OF DEATH CERTIFICATION <input checked="" type="checkbox"/> Certifying Physician/Licensed Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the causes and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, evidence, investigation, in my opinion, death occurred as the time, date, and place, and due to the causes and manner stated.			62. NAME OF PERSON COMPLETING CAUSE OF DEATH ANTHONY J. KATZ, M.D.			63. DATE CERTIFIED 04/07/2017		
64. CERTIFIER'S ADDRESS 11209 N TATUM BLVD, STE 180 PHOENIX, AZ 85028-0016			65. NAME OF REGISTRAR MICHELE CASTANEDA-MARTINEZ			66. DATE REGISTERED 04/14/2017		

DATE ISSUED: 04/17/2017



This is a true and correct copy of the original as filed with the Arizona Department of Health Services, Bureau of Vital Records, 600 N. 1st St., AZ 85004.
Revised 07/2015

Kristal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES

RECORDED: 07/17/2019

PATENT
REEL: 049782 FRAME: 0992