

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6222535

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JILL GRAHAM, EXECUTOR OF THE ESTATE OF KEVIN GRAHAM, DECEASED	07/28/2020
RECEIVING PARTY DATA	
Name:	THE KEVIN GRAHAM AND JILL GRAHAM FAMILY TRUST
Street Address:	PO BOX 60
City:	RIO VISTA
State/Country:	CALIFORNIA
Postal Code:	94571
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	9422013
CORRESPONDENCE DATA	
Fax Number:	(510)280-2984
<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:	510-841-4711
Email:	svosen@phdpatents.com
Correspondent Name:	STEVEN R. VOSEN
Address Line 1:	909 MARINA VILLAGE PARKWAY 138
Address Line 4:	ALAMEDA, CALIFORNIA 94501
ATTORNEY DOCKET NUMBER:	GRA.001US0
NAME OF SUBMITTER:	STEVEN R. VOSEN
SIGNATURE:	/Steven R. Vosen/
DATE SIGNED:	07/28/2020
Total Attachments: 2	
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ASSIGNMENT OF PATENT

Jill Graham is the executor of the Estate of Kevin Graham, deceased. Kevin Graham died on July 22, 2017, as evidenced by the death certificate attached hereto. Kevin Graham invented a modular trailer system and method, for which a letter patent was granted August 23, 2016, Patent No. 9,422,013. Jill Graham, as executor of the Estate of Kevin Graham does, without consideration, transfer and assign to **The Kevin Graham and Jill Graham Family Trust, dated February 16, 2000** all its right, title, and interest in and to the above-referenced letter patent. This Assignment is effective immediately.

Date: 7/28/2020

/  /
Jill Graham
Executor of the Estate of Kevin Graham

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

3052017149357

CERTIFICATE OF DEATH

3201748001848

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) KEVIN		3. LAST (Family) GRAHAM	
2. MIDDLE P.		5. AGE Yrs. 58	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 03/09/1959	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 572-02-6516	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/ccyy 07/22/2017	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER-OPERATOR		8. HOUR (24 Hours) 1217	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2600 SHILOH ROAD		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DRILLING	
21. CITY BIRDSLANDING		22. COUNTY/PROVINCE SOLANO	
23. ZIP CODE 94585		24. YEARS IN COUNTY 58	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP JILL GRAHAM, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2600 SHILOH ROAD, BIRDSLANDING, CA 94585		28. NAME OF SURVIVING SPOUSE/SDP* - FIRST JILL	
29. MIDDLE LYNN		30. LAST (BIRTH NAME) JOHNSTON	
31. NAME OF FATHER/PARENT - FIRST PAUL		32. MIDDLE -	
33. LAST GRAHAM		34. BIRTH STATE NC	
35. NAME OF MOTHER/PARENT - FIRST LEANN		36. MIDDLE -	
37. LAST (BIRTH NAME) HAMM		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 07/27/2017		40. PLACE OF FINAL DISPOSITION RIO VISTA CEMETERY 1016 HWY 12, RIO VISTA, CA 94571	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER DARREN BOURDO	
43. LICENSE NUMBER EMB7942		44. NAME OF FUNERAL ESTABLISHMENT CE STEWART CHAPEL	
45. LICENSE NUMBER FD454		46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH	
47. DATE mm/dd/ccyy 07/25/2017		101. PLACE OF DEATH VACAVALLEY HOSPITAL	
102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1000 NUT TREE ROAD	
106. CITY VACAVILLE		107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) LUNG CANCER Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SEPSIS, PLEURAL EFFUSION,		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) THORACOTOMY & PERICARDIAL WINDOW 08/12/2016	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/ccyy 08/11/2016		115. SIGNATURE AND TITLE OF CERTIFIER BRIAN VIKSTROM MD 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRIAN VIKSTROM MD 1020 NUT TREE ROAD, VACAVILLE, CA 95687	
117. DATE mm/dd/ccyy 07/19/2017		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRIAN VIKSTROM MD 1020 NUT TREE ROAD, VACAVILLE, CA 95687	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E	
FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By [Signature], Deputy. DATE ISSUED 07/26/2017

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

BELA MATYAS, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

PATENT

RECORDED 07/28/2020

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REEL 053392 FRAME 0444