PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT6370310

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
LYNN ANNE MCINTIRE	10/27/2020

RECEIVING PARTY DATA

Name:	LYNN ANNE MCINTIRE
Street Address:	952 WEST PARK STREET
City:	GRANTS PASS
State/Country:	OREGON
Postal Code:	97527

PROPERTY NUMBERS Total: 2

Property Type	Number
Patent Number:	D832185
Patent Number:	D678173

CORRESPONDENCE DATA

Fax Number:

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.

Phone: 5419554520
Email: linmac541@gmail.com
Correspondent Name: ANN LYNN MCINTIRE
Address Line 1: 952 WEST PARK STREET
Address Line 4: GRANTS PASS, OREGON 97527

NAME OF SUBMITTER:	LYNN ANN MCINTIRE
SIGNATURE:	/Lynn Ann Mcintire/
DATE SIGNED:	10/27/2020
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 2
source=Affidavit of Ann Lynn McIntire#page1.tif
source=Affidavit of Ann Lynn McIntire#page2.tif

TO: UNITED STATE PATENT AND TRADEMARK OFFICE
600 Dulany Street
Alexandria, Virginia

AFFIDAVIT OF ANN LYNN McINTIRE

STATE OF OREGON)
) ss
County of Oregon)

I, ANN LYNN McINTIRE, being first duly sworn on oath, depose and say:

My spouse, DAVID BLAIR McINTIRE, died on July 15, 2020, a copy of his death certificate is attached.

Effective immediately the following patent numbers should be assigned back to me due to non-payment from Clearlidz, Inc., who the patents are currently assigned to, to wit:

- US 8,622,457 B1 – Date of Patent: January 7, 2014
- US D832,185 S – Date of Patent: October 30, 2018
- US D678,173 S – Date of Patent: March 19, 2013

ANN LYNN McINTIRE

SUBSCRIBED AND SWORN to before me this 5th day of August, 2020 by Ann Lynn McIntire.

Notary Public for Oregon
My commission expires: 8-11-2023

OFFICIAL STAMP
LUCINDA ANN CUNHA
NOTARY PUBLIC - OREGON
COMMISSION NO. 990479
MY COMMISSION EXPIRES AUGUST 11, 2023

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

920237
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

7306742

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: David	Middle: Blair	Last: McIntire	Suffix	2. Death Date: July 15, 2020
3. Sex: Male	4. Age: 77 years	5. Social Security Number: 563-54-0597		6. County of Death: Josephine
7. Birthdate: November 02, 1942	8. Birthplace: Minneapolis, Minnesota			9. Decedent's Education: Bachelor's degree
10. Was Decedent of Hispanic Origin?: No	11. Decedent's Race(s): White			12. Was Decedent Ever in U.S. Armed Forces?: No
13. Residence: Number and Street: 952 W Park Street			14. City/Town: Grants Pass	
15. Residence County: Josephine	16. State or Foreign Country: Oregon		17. Zip Code + 4: 97527	18. Inside City Limits?: Yes
19. Marital Status at Time of Death: Married	20. Spouse's Name Prior to First Marriage: Ann Lynn Beckstrom			
21. Usual Occupation: Inventor			22. Kind of Business/Industry: Self-employed	
23. Father's Name: Herbert Blair McIntire			24. Mother's Name Prior to First Marriage: Doris May Knudsen	
25. Informant's Name: Ann Lynn McIntire	26. Telephone Number: Not Available	27. Relationship to Decedent: Spouse	28. Mailing Address: 952 W Park Street, Grants Pass, OR 97527	
29. Place of Death: Decedent's Residence - Hospice		30. Facility Name		
31. Location of Death: 952 W Park Street		32. City/Town or Location of Death: Grants Pass	33. State: Oregon	34. Zip Code + 4: 97527
35. Method of Disposition: Cremation	36. Place of Disposition: Hull & Hull Crematory			37. Location: Grants Pass, Oregon
38. Name and Complete Address of Funeral Facility: Hull & Hull Funeral Directors		612 NW A Street, Grants Pass, Oregon 97526		
39. Date of Disposition: TBD	40. Funeral Director's Signature: Kendra J Johnson (Electronically Signed)		41. OR License Number: FS-0331	
42. Registrar's Signature: Shawn McDonald, Registrar	43. Date Received: July 27, 2020		44. Local File Number:	
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No	47. Autopsy? ☐ Yes ☒ No	48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No	49. Time of Death: 16:00

50. Enter the chain of events - diseases, injuries, or complications - 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.

CAUSE OF DEATH

		Approximate Interval: Onset to Death
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	IMMEDIATE CAUSE ↓ a. Multiple Myeloma	
	Due to (or as a consequence of) ↓ b.	
	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:

52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	53. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
55. Date of Injury (MM DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work? ☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)

60. Describe how injury occurred

61. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Andrew Pitzak 495 SW Ramsey Grants Pass OR 97527

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier: DO	65. License Number: DO23532	66. Date Signed (MM DD YYYY): July 20 2020

67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. (Signature)

68. Medical Examiner - 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) and manner stated.

69. Amendment

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: July 27, 2020

Jennifer A Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

STATE OF OREGON 1859

OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION