

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT6641048

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	OKLAHOMA SMALL ESTATE AFFIDAVIT
CONVEYING PARTY DATA	
Name	Execution Date
JACK C. SWANSON	03/19/2021
RECEIVING PARTY DATA	
Name:	LAWANNA SWANSON
Street Address:	4939 E. CHESTNUT DRIVE
City:	TULSA
State/Country:	OKLAHOMA
Postal Code:	74019
Name:	TERRI HARRISON
Street Address:	4939 E. CHESTNUT DRIVE
City:	TULSA
State/Country:	OKLAHOMA
Postal Code:	74019
Name:	CHRISTI ROGNE
Street Address:	4939 E. CHESTNUT DRIVE
City:	TULSA
State/Country:	OKLAHOMA
Postal Code:	74019
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7051414
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>	
Phone:	2152755595
Email:	jmaenner@maennerlaw.com
Correspondent Name:	PETOCK & PETOCK, LLC
Address Line 1:	P.O. BOX 217
Address Line 4:	VALLEY FORGE, PENNSYLVANIA 19481

ATTORNEY DOCKET NUMBER:	WCS-000
NAME OF SUBMITTER:	JOSEPH E. MAENNER
SIGNATURE:	/Joseph E. Maenner/
DATE SIGNED:	04/06/2021
Total Attachments: 5 source=Oklahoma Small Estate Affidavit-signed#page1.tif source=Oklahoma Small Estate Affidavit-signed#page2.tif source=Oklahoma Small Estate Affidavit-signed#page3.tif source=Oklahoma Small Estate Affidavit-signed#page4.tif source=Oklahoma Small Estate Affidavit-signed#page5.tif	

Oklahoma Small Estate Affidavit

We, LAWANNA SWANSON, TERRI HARRISON and CHRISTI ROGNE of lawful age, being first duly sworn upon oath, depose and state, to-wit:

1. We are the surviving spouse and children of Jack Swanson (hereinafter referred to as "Decedent") who died on the 26th day of October, 2020, as shown by the death certificate attached hereto and made a part hereto.
2. Said Decedent died without leaving a last will and testament and leaving U.S. Patent No. 7,051,414 B1 titled "Method of Retaining Components Strung on a Bead Stringing Wire," rights to the trademark "BEAD STOPPER" including all goodwill associated therewith, the domain name beadstopper.com and the website hosted at beadstopper.com, the value of all of which does not exceed \$50,000.
3. No application or petition for the appointment of a personal representative has been filed, nor is one pending in this or any other jurisdiction.
4. We being the surviving heirs of the Decedent under Oklahoma Law are entitled to delivery of all right, title and interest to the above-described patent, trademark, domain name and website pursuant to Title 58 O.S. § 393.
5. All taxes and debts due and/or owing by the Decedent at the time of death have been paid, or otherwise provided for, or are otherwise barred by the statute of limitations.

FURTHER AFFIANT SAYETH NOT.

3-19-21
(Date)

Lawanna Swanson (Seal)
Lawanna Swanson

STATE OF Oklahoma

COUNTY OF Rogers

:
:
SS.
:



Before me, a notary public in and for the State and County aforesaid, on this 19th day of March, 2021, personally appeared Lawanna Swanson, who being to me personally known, and who having first executed the foregoing instrument in my presence and have been by me first duly sworn, did acknowledge the foregoing instrument as her free deed and act, signed, sealed and delivered by her for the purpose therein stated and intending to be legally bound thereby and intending that said instrument be recorded.

Ethan Guiny
Notary Public

3-19-21
(Date)

Terri Harrison (Seal)
Terri Harrison

STATE OF Oklahoma

COUNTY OF Rogers

:
: SS.
:



Before me, a notary public in and for the State and County aforesaid, on this 19th day of March, 2021, personally appeared **Terri Harrison**, who being to me personally known, and who having first executed the foregoing instrument in my presence and have been by me first duly sworn, did acknowledge the foregoing instrument as her free deed and act, signed, sealed and delivered by her for the purpose therein stated and intending to be legally bound thereby and intending that said instrument be recorded.

Ethan Guindy
Notary Public

3-19-21

(Date)

Christi D. Rogne

(Seal)

Christi Rogne



STATE OF Oklahoma

COUNTY OF Rogers

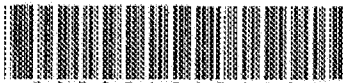
:
: SS.
:

Before me, a notary public in and for the State and County aforesaid, on this 19th day of March, 2021, personally appeared **Christi Rogne**, who being to me personally known, and who having first executed the foregoing instrument in my presence and have been by me first duly sworn, did acknowledge the foregoing instrument as her free deed and act, signed, sealed and delivered by her for the purpose therein stated and intending to be legally bound thereby and intending that said instrument be recorded.

Ethan Guinty
Notary Public

PATENT

REEL: 055831 FRAME: 0504



STATE OF OKLAHOMA CERTIFICATE OF DEATH

STATE FILE NUMBER

2020-034086

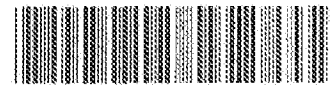
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) JACKIE G SWANSON				1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX MALE	
3. SOCIAL SECURITY NUMBER 441-34-5788		4. EVER IN US ARMED FORCES? YES		5a. AGE: Last birthday (years) 82		5b. UNDER 1 YEAR Months: _____ Days: _____	
5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo/Day/Yr) MAY 1, 1938					
7. BIRTHPLACE (City and State or Foreign Country) TULSA, OKLAHOMA		8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County ROGERS		8c. RESIDENCE-City or town CLAREMORE	
8d. RESIDENCE-Zip Code 74019		8e. RESIDENCE-made City Limits? NO		8f. RESIDENCE-Street and Number 4939 E. CHESTNUT DRIVE		8g. RESIDENCE-Apt. Number	
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) LAWANNA SMITH			
11a. FATHER'S NAME (First, Middle, Last) GORDON SWANSON		11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE SWANSON		12a. MOTHER'S NAME (First, Middle, Last) MILDRED SWANSON		12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE MATHEWSON	
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		14. DECEDENT'S RACE WHITE		15. DECEDENT'S EDUCATION 8TH GRADE OR LESS			
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) SALES REPRESENTATIVE				17. KIND OF BUSINESS / INDUSTRY COIL SPRINGS			
18a. INFORMANT'S NAME LAWANNA SWANSON		18b. RELATIONSHIP TO DECEDENT WIFE		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4939 E. CHESTNUT DRIVE, CLAREMORE, OKLAHOMA 74019			
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify): _____		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MEMORIAL PARK CEMETERY		21. LOCATION - City, Town and State TULSA, OKLAHOMA			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOORE'S EASTLAWN CHAPEL - TULSA, 1908 SOUTH MEMORIAL DRIVE, TULSA, OKLAHOMA 74112-7045				23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH JOHN ROBERT WILSON			
				24. FH ESTABLISHMENT LICENSE # 1291ES			

25. PLACE OF DEATH (Check only one; see instructions) <input checked="" type="checkbox"/> If death occurred in a hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		<input type="checkbox"/> If death occurred other than in a hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify): _____	
26. FACILITY NAME (If not institution, give street & number) HILLCREST MEDICAL CENTER		27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH TULSA, OKLAHOMA, 74104	
28. COUNTY OF DEATH TULSA			
29. DATE OF DEATH (Mo/Day/Yr) OCTOBER 28, 2020		30. TIME OF DEATH 07:15	
31. WAS MEDICAL EXAMINER CONTACTED? YES		32. WAS AN AUTOPSY PERFORMED? NO	
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<p align="center">CAUSE OF DEATH (See instructions and examples)</p> <p>34. PART I. 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. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. RESPIRATORY FAILURE Approximate interval: _____</p> <p>Due to (or as a consequence of): _____ Onset to death: _____</p> <p>b. METASTATIC NONSMALL CELL LUNG CANCER OF RIGHT LUNG MINUTES</p> <p>Due to (or as a consequence of): _____ MONTHS</p> <p>c. _____</p> <p>Due to (or as a consequence of): _____</p> <p>d. _____</p> <p>Due to (or as a consequence of): _____</p> <p>35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPERTENSION OSTEOPOROSIS CANCER CACHEXIA SEVERE PROTEIN CALORIE MALNUTRITION IN CHRONIC ILLNESS</p>			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
38. DATE OF INJURY (Mo/Day/Yr)		39. TIME OF INJURY	
40. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)		41. DESCRIBE HOW INJURY OCCURRED	
42. INJURY AT WORK?			
43. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify): _____	
45. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 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.		46. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) JANET ELIZABETH CHEEK, DO 1145 S. UTICA AVE. SUITE 400 TULSA, OKLAHOMA 74104	
47. LICENSE NUMBER 4057OK		48. DATE DEATH CERTIFIED (Mo/Day/Yr) NOVEMBER 2, 2020	
49. REGISTRAR'S SIGNATURE <i>Sherry M Baker</i>		50. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) NOVEMBER 3, 2020	

Wednesday, November 4, 2020 1:39:16 PM

PATENT

VS 154 (12/16)

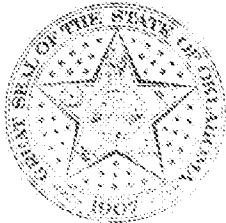


D04634732

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M. Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

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