PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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Assignment ID: PATI614661

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Lori F. Owen	10/26/2024

RECEIVING PARTY DATA

Company Name:	GM Global Technology Operations LLC
Street Address:	P.O. Box 300
City:	Detroit
State/Country:	MICHIGAN
Postal Code:	48265

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17863938

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: 7344183142
Email: assignments@vivacqualaw.com
Correspondent Name: Steven L. Crane
Address Line 1: 3101 E Eisenhower Parkway
Address Line 4: Ann Arbor, MICHIGAN 48108

ATTORNEY DOCKET NUMBER:	P102434-PRI-NP-US01
NAME OF SUBMITTER:	ASHLEY EKLICS
SIGNATURE:	ASHLEY EKLICS
DATE SIGNED:	11/07/2024

Total Attachments: 2
source=Assignment P102434 - Owen#page1.tiff
source=Assignment P102434 - Owen#page2.tiff

ASSIGNMENT

Pursuant to an agreement with my employer, I formally assign to GM Global Technology Operations LLC, the entire right, title and interest, in all countries and application types, in the improvements set forth in the United States patent application P102434-PRI-NP-US01 entitled

HIGH TEMPERATURE NOISE & VIBRATION ENABLER FOR COMPOSITE RESONATOR

for which I executed a declaration. If the patent application has been filed, I authorize any practitioner associated with Customer No. 76438 to insert the application number and filing date of said application here in parentheses (17/863,938 filed 07/13/2022) when known.

Inventor's signature: _____ Date: _____

Full name: Seongchan Pack

Residence: West Bloomfield Township, MI

Inventor's signature: _____ Date: _____

Full name: David Cesar Moreno

Residence: White Lake, MI

Inventor's signature: Lori F. Owen Date: 10/26/24

Full name: Shawn M. Owen Lori F. Owen Representative of Shawn M. Owen, deceased

Residence: Ortonville, MI

STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND
STATE OF MICHIGAN

LF
CF 2022-07092

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER
052032

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF BIRTH	3. SEX	4. DATE OF DEATH
Shawn Michael Owen	November 05, 1968	Male	June 20, 2022

5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS	6a. AGE- Last Birthday (Years)	6b. UNDER 1 YEAR MONTHS	6b. UNDER 1 YEAR DAYS	6c. UNDER 1 DAY HOURS	6c. UNDER 1 DAY MINUTES
	53				

7a. LOCATION OF DEATH	7b. CITY, VILLAGE OR TOWNSHIP OF DEATH	7c. COUNTY OF DEATH
1220 Houghton Trail 48462	Groveland Twp	Oakland

8a. CURRENT RESIDENCE - STATE	8b. COUNTY	8c. LOCALITY	8d. STREET AND NUMBER
Michigan	Oakland	Groveland Twp	1220 Houghton Trail

8e. ZIP CODE	9. BIRTH PLACE	10. SOCIAL SECURITY NUMBER	11. DECEDENT'S EDUCATION
48462	Flint, Michigan	365-60-4012	Bachelor's degree

12. RACE	13a. ANCESTRY	13b. HISPANIC ORIGIN	14. EVER IN THE U.S. ARMED FORCES?
White	Irish, French, German	No	No

INFORMANT

15. USUAL OCCUPATION	16. KIND OF BUSINESS OR INDUSTRY	17. MARITAL STATUS	18. NAME OF SURVIVING SPOUSE (If wife, give name before first marriage)
Engineer	Automotive	Married	Lori Fay Jahn

PARENTS

19. FATHER'S NAME (First, Middle, Last)	20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last)
Michael Owen	Teresa Spohn

INFORMANT

21a. INFORMANT'S NAME	21b. RELATIONSHIP TO DECEDENT	21c. MAILING ADDRESS
Lori Fay Owen	Wife	1220 Houghton Trail, Ortonville, Michigan 48462

DISPOSITION

22. METHOD OF DISPOSITION	23a. PLACE OF DISPOSITION	23b. LOCATION - City or Village, State
Burial	All Saints Cemetery	Waterford, Michigan

24. SIGNATURE OF MORTUARY SCIENCE LICENSEE	25. LICENSE NUMBER	26. NAME AND ADDRESS OF FUNERAL FACILITY
Roy W. Langolf	4501006050	Village Funeral Home, 135 South St., Ortonville, Michigan 48462

CERTIFICATION

27a. CERTIFIER
- ☐ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
- ☒ 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.

L.J. Dragovic, MD
Signature and Title

28a. ACTUAL OR PRESUMED TIME OF DEATH	28b. PRONOUNCED DEAD ON	28c. TIME PRONOUNCED DEAD
Unknown PM	June 20, 2022	06:50 PM

27b. DATE SIGNED	27c. LICENSE NUMBER	29. MEDICAL EXAMINER CONTACTED	30. PLACE OF DEATH	31. IF HOSPITAL
June 21, 2022	49398	Yes	Garage	

32. MEDICAL EXAMINER'S CASE NUMBER	33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
22-4191	

34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN
L.J. Dragovic, MD, Oakland County ME, 1200 N. Telegraph Rd. Bldg 28E, Pontiac, Michigan 48341-0438

35a. REGISTRAR'S SIGNATURE	35b. DATE FILED
[signature]	June 24, 2022

CAUSE OF DEATH

36. 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. Enter only one cause on line.

		Approximate Interval Between Onset and Death
If diabetes was an underlying or contributing cause of death be sure to record diabetes to either Part I or Part II of the cause of death section, as	a. [redacted]	Minutes to Hours
	DUE TO (OR AS A CONSEQUENCE OF)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	b.	
	DUE TO (OR AS A CONSEQUENCE OF)	
Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting	c.	
	DUE TO (OR AS A CONSEQUENCE OF)	
LAST	d.	

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I

37. DID TOBACCO USE CONTRIBUTE TO DEATH?
- ☐ Yes ☐ Probably
- ☒ No ☐ Unknown

38. IF FEMALE
- ☐ Not pregnant within past year
- ☐ Pregnant at time of death
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Unknown if pregnant within the past year
- ☐ Not pregnant, but pregnant 43 days to 1 year before death

39. MANNER OF DEATH	40a. WAS AN AUTOPSY PERFORMED?	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
[redacted]	Yes	Yes

MEDICAL EXAMINER

41a. DATE OF INJURY	41b. TIME OF INJURY	41c. DESCRIBE HOW INJURY OCCURRED
06/20/2022	Unknown PM	[redacted]

41d. INJURY AT WORK	41e. PLACE OF INJURY	41f. IF TRANSPORTATION INJURY	41g. LOCATION
No	[redacted]		1220 Houghton Trail, Groveland, Michigan

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NOT VALID IF PHOTOCOPIED.

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

LISA BROWN
Oakland County Clerk and Register of Deeds

By: _____ Deputy Clerk

JUN 28 2022
DATE

ANY ALTERATION OR ERASURE VOIDS THIS CE