

Form PTO-1594 (Rev. 10/02)  
 OMB No. 0651-0027 (exp. 6/30/2005)  
 Tab settings ⇨ ⇨ ⇨

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
Margot H. DeLaittre (a/k/a Margot Vivian DeLaittre)  
5207 Grandview Lane  
Edina, MN 55436

Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation-State  
 Other \_\_\_\_\_

Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies)  
 Name: E. William DeLaittre  
 Internal Address: \_\_\_\_\_  
 Street Address: 5027 Overlook Circle  
 City: Bloomington State: MN Zip: 55437

Individual(s) citizenship USA  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State \_\_\_\_\_  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
 (Designations must be separate document from assignment)  
 Additional name(s) & address(es) attached?  Yes  No

3. Nature of conveyance:  
 Assignment                               Merger  
 Security Agreement                   Change of Name  
 Other Death certificate of Margot H. DeLaittre,  
terminating her life estate in trademarks  
 Execution Date: December 30, 1997

4. Application number(s) or registration number(s):  
 A. Trademark Application No.(s)  
 B. Trademark Registration No.(s)  
768,406  
2,289,228

Additional number(s) attached  Yes  No

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41) .....\$ 65.00

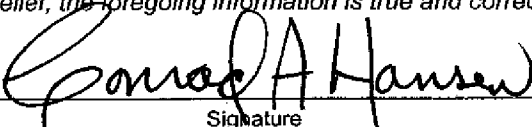
Enclosed  
 Authorized to be charged to deposit account

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: Conrad A. Hansen  
Moore, Hansen & Sumner  
 Internal Address: \_\_\_\_\_  
 Street Address: 2900 Wells Fargo Center  
90 South Seventh Street  
 City: Minneapolis State MN Zip: 55402

8. Deposit account number:  
13-4300  
 (Attach duplicate copy of this page if paying by deposit account)

**DO NOT USE THIS SPACE**

9. Statement and signature.  
*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

Conrad A. Hansen                                            4-12-2004  
 Name of Person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments and document: 2

Mail documents to be recorded with required cover sheet information to:  
**Mail Stop Assignment Recordation Services, Director of the United States Patent and Trademark Office**  
 P. O. Box 1450, Alexandria VA 22313-1450

CH \$65.00 134300 0768406

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
**CERTIFICATE OF DEATH**

Local File Number

State File Number

1a Name of Deceased - First Middle Last Suffix

MARGOT VIVIAN DeLAITTRE

1b Alias 2 Social Security No. 3 Sex 4 Date of Death  
471-07-1146 Female December 28, 1997

5 Date of Birth 6a Age (in years) 6b months 6c days 6d hours 6e minutes 7 Place of Birth (city and state/foreign country)  
August 7, 1913 84 Morris, Minnesota

8a Father's Name (first, middle) 8b Father's Last Name 9 Mother's Name (first, middle, maiden surname)  
Alfred Humphries Edith Richards

10 Race 11a Hispanic Origin 11b If Yes, Specify Cuban, Mexican, etc. 12 Decedent's Education  
White X No Yes 12a Primary/Secondary (0-12) 12b College (1-4, 5+)  
II

13a Marital Status 13b Name of Spouse (if wife, specify maiden name) 14 Decedent's Usual Occupation  
Mar. Div. X Wid. Never Mar. Earle W. DeLaittre Homemaker

15 Kind of Business or Industry 16 U.S. Veteran 17a State of Residence 17b County of Residence  
Own Home X No Yes Minnesota Hennepin

17c City or Township of Residence 17d Address of Decedent (number, street, zip)  
Edina 3420 Heritage Drive, #120 55435

17e Residence in City or Township 18a City or Township of Death 18b County of Death  
X City Limits Township Limits Edina Hennepin

19a Place of Death (specify one) Specify 19b If Hospital (specify one)  
X Hosp. N.H. Res. Other X Inpatient ER DOA Other

19c Name of Facility Where Death Occurred (if not institution, specify street address)  
Fairview Southdale Hospital

20a Name of Informant 20b Informant is of the deceased (spouse, child, parent, sibling, etc.)  
Pam DeLaittre Daughter-in-law

21 Method of Disposition (check all that apply) Specify 22 Date of Disposition  
Burial X Cremation Donation Entombment Other December 30, 1997

23 Name of Cemetery City State

24 If Cremation, Specify Name of Crematory 25 If Cremation, Specify Name of M.E. / Coroner Authorizing Cremation  
Metropolitan Crematory Garry F. Peterson, M.D.

26a Name of Funeral Establishment 26b License No. 27a Signature of Funeral Service Licensee 27b License No. 28 Date Signed  
Cremation Society of Minnesota 0717 2747 12/30/97

29a Name of Person Certifying Cause of Death (please type) 29b Title (check one) 29c License No. of Certifier  
Gerry Bonita M.D. Coroner / M.E. D.O. # 24253

29d Address of Certifier (street & number) 29e City 29f State 29g Zip Code  
225 Southdale Blvd Ed MN 55435

30 Signature of M.E. / M.E. / Coroner / D.O. 31 Date Signed 32 Signature of Registrar 33 Date Filed  
Gerry Bonita 1/2/98 Detroit Civil Deputy JAN 09 1998

34 PART I IMMEDIATE cause of death (final disease or condition resulting in death) Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory shock or heart failure. List only one cause per line. Interval between onset and death.  
a. Cancer of Colon

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING cause last. (disease or injury that initiated events resulting in death).  
b. Pancreatic

c. COPD

35 I attended the deceased from to and last saw him/her on 12-24-97 I viewed the body after death Yes No

36 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 37 Was Female Pregnant: At Death? Yes No Unknown In Last 12 Months? Yes No Unknown

39 MANNER OF DEATH Natural 40 M.E./Coroner Notified 41 Autopsy 42 Were autopsy results available 43 Diagnosis Deferred  
Yes No Yes No when filling in cause of death Yes No Yes

44a Place of Injury (street & number, city / township, state) 44b Describe How Injury Occurred

44c Type of Place Where Injury Occurred 44d Date of Injury 44e Time of Injury 44f Injury at Work?

MUST BE REFERRED TO M.E. or CORONER  
Accident  
Homicide  
Suicide  
Pending Inves.  
Cannot be Det.

TRADEMARK

Signature of Sub-Registrar / Date  
Jammull 12/30/97  
APPROVED BY MED. EXAMINER

**MOORE, HANSEN & SUMNER**

2900 WELLS FARGO CENTER  
90 SOUTH SEVENTH STREET  
MINNEAPOLIS, MINNESOTA 55402  
(612) 332-8200  
FAX (612) 332-1780

WRITER: Conrad A. Hansen

April 12, 2004

Mail Stop: Assignment Recordation Services  
Director of U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

RE: D6-001-03-US - U.S. Trademark Registration No. 768,406  
Registered: April 21, 1964  
Mark: KISMET

Dear Sir or Madam:

Enclosed for recordation please find the following:

- Recordation Form Cover Sheet authorizing charge of \$65.00 to deposit account;
- Death Certificate of Margot H. DeLaitre (a/k/a Margot Vivian DeLaitre), terminating her life estate in trademarks;
- Certificate of Facsimile Transmittal under 37 CFR 1.8.

Should the amount of the fee be insufficient, please charge any additional fees to our Deposit Account No. 13-4300.

Yours truly,

MOORE, HANSEN & SUMNER

*Conrad A. Hansen*  
Conrad A. Hansen

CAH:kr  
Enc.

<sup>1</sup> I, K. J. Rostberg, hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Mail Stop Assignment Recordation Services, Facsimile No. 703/306-5995.

Date: April 12, 2004

*K. J. Rostberg*

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