

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

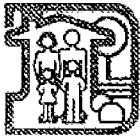
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|----------------------------------|-------------------------------|----------------------------|---------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Operation of Law of Intestacy | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Nick Caruso Sr. | | 07/26/2006 | INDIVIDUAL: UNITED STATES |
| RECEIVING PARTY DATA | | | |
| Name: | Patricia Ann Caruso | | |
| Street Address: | 1S150 Spring Road | | |
| City: | Oakbrook | | |
| State/Country: | ILLINOIS | | |
| Postal Code: | 60181 | | |
| Entity Type: | INDIVIDUAL: UNITED STATES | | |
| Name: | Nick J. Caruso Jr. | | |
| Street Address: | 10672 Wakefield St. | | |
| City: | Westchester | | |
| State/Country: | ILLINOIS | | |
| Postal Code: | 60154 | | |
| Entity Type: | INDIVIDUAL: UNITED STATES | | |
| Name: | Sena Marie Caruso | | |
| Street Address: | 2020 St. Regis Dr. | | |
| Internal Address: | #609 | | |
| City: | Lombard | | |
| State/Country: | ILLINOIS | | |
| Postal Code: | 60148 | | |
| Entity Type: | INDIVIDUAL: UNITED STATES | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2599909 | JILLY'S MY FAVORITE BISTRO | |

CH \$40.00 2599909

CORRESPONDENCE DATA

Fax Number: (312)269-1747
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 312.269.8000
Email: leulgen@ngelaw.com
Correspondent Name: Lee J. Eulgen, Esq.
Address Line 1: Two North LaSalle Street
Address Line 4: Chicago, ILLINOIS 60602

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|--|-----------------|
| ATTORNEY DOCKET NUMBER: | 015712-0701 |
| NAME OF SUBMITTER: | Lee J. Eulgen |
| Signature: | /Lee J. Eulgen/ |
| Date: | 08/30/2006 |
| Total Attachments: 1 source=Caruso Death Certif#page1.tif | |



DuPage County Health Department

Central Office

111 North County Farm Road
Wheaton, IL 60187-3988

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|---------------------------|-------------|
| REGISTRATION DISTRICT NO. | 22.0 |
| REGISTERED NUMBER | |

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

| | | | | | |
|---------------------------------|-----------------------|-----|------|----------------------------------|---------------|
| DECEASED-NAME FIRST MIDDLE LAST | NICHOLAS J CARUSO Sr. | SEX | MALE | DATE OF DEATH (MONTH, DAY, YEAR) | JULY 26, 2006 |
|---------------------------------|-----------------------|-----|------|----------------------------------|---------------|

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|-----------------|--------|-----------------------------|----|------------------|-----------------|--------------------------------------|-----------------|
| COUNTY OF DEATH | DUPAGE | AGE-LAST BIRTHDAY (YRS) 5a. | 69 | UNDER 1 YEAR 5b. | UNDER 1 DAY 5c. | DATE OF BIRTH (MONTH, DAY, YEAR) 5d. | August 21, 1936 |
|-----------------|--------|-----------------------------|----|------------------|-----------------|--------------------------------------|-----------------|

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|--|----------|--|-----------------------------|---|-----------|
| CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. | HINSDALE | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 6b. | ADVENTIST HINSDALE HOSPITAL | IF HOSP. OR INST. INDICATE D.O.A. OPENER, INPATIENT (SPECIFY) 6c. | INPATIENT |
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|---|-------------|---|---------|---|------------------|---|-----|
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. | Chicago, IL | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. | Married | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. | Patricia Zelasko | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. | Yes |
|---|-------------|---|---------|---|------------------|---|-----|

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|----------------------------|-------------|-----------------------|---------------|-----------------------------------|-----|--|----|-------------------------|---|
| SOCIAL SECURITY NUMBER 10. | 354-32-0416 | USUAL OCCUPATION 11a. | Self-Employed | KIND OF BUSINESS OR INDUSTRY 11b. | Bar | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. | 12 | College (1-4 or 5+) 13. | 3 |
|----------------------------|-------------|-----------------------|---------------|-----------------------------------|-----|--|----|-------------------------|---|

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|------------------------------------|----------------------|--|------------------|---------------------------|-----|-------------|--------|
| RESIDENCE (STREET AND NUMBER) 13a. | 1S150 Spring Road 2D | CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. | OakBrook Terrace | INSIDE CITY (YES/NO) 13c. | Yes | COUNTY 13d. | DuPage |
|------------------------------------|----------------------|--|------------------|---------------------------|-----|-------------|--------|

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|------------|----|---------------|-------|---|-------|---|--|
| STATE 13e. | IL | ZIP CODE 13f. | 60181 | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. | white | OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: |
|------------|----|---------------|-------|---|-------|---|--|

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|-----------------------------------|------------------|--|---------------|
| FATHER-NAME FIRST MIDDLE LAST 15. | Salvatore Caruso | MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. | Mary Mercurio |
|-----------------------------------|------------------|--|---------------|

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|---------------------------------------|-----------------|-------------------|------|---|---|
| INFORMANT'S NAME (TYPE OR PRINT) 17a. | Patricia Caruso | RELATIONSHIP 17b. | Wife | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. | 1S150 Spring Rd OakBrook Ter., IL 60181 |
|---------------------------------------|-----------------|-------------------|------|---|---|

PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) → (a) agystole

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) hypertension

(c) Myocardial infarction

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

AUTOPSY (YES/NO) 19a. YES NO

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.

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|--------------------------------|----------------------------------|---|---|
| DATE OF OPERATION, IF ANY 20a. | MAJOR FINDINGS OF OPERATION 20b. | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--------------------------------|----------------------------------|---|---|

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| WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. | 7/25/2006 | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. | No | HOUR OF DEATH 21c. | 12:50 A.M. |
|--|-----------|---|----|--------------------|------------|

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE

22b. DATE SIGNED (MONTH, DAY, YEAR) 7/26/2006

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Ravi K. Yalamanchi, MD 1S Salt Creek Lane Hillside, IL 60521

22d. ILLINOIS LICENSE NUMBER 036-110206

22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

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|---|--------|---------------------------------|---------------------|---------------|--------------|------------------------------|---------------|
| URIAL, CREMATION, EMOVAL (SPECIFY) 24a. | Burial | CEMETERY OR CREMATORY-NAME 24b. | Mt. Carmel Cemetery | LOCATION 24c. | Hillside, IL | DATE (MONTH, DAY, YEAR) 24d. | July 27, 2006 |
|---|--------|---------------------------------|---------------------|---------------|--------------|------------------------------|---------------|

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|-----------------------|----------------------------|-----------------------------|---------------------|--------------|-------------|-------|----|-----|-------|
| GENERAL HOME NAME 5a. | Salerno's Galewood Chapels | STREET AND NUMBER OR R.F.D. | 1857 N. Harlem Ave. | CITY OR TOWN | Chicago, IL | STATE | IL | ZIP | 60707 |
|-----------------------|----------------------------|-----------------------------|---------------------|--------------|-------------|-------|----|-----|-------|

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|-----------------------------------|--|---|------------|
| GENERAL DIRECTOR'S SIGNATURE 25a. | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. | 036-010202 |
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| LOCAL REGISTRAR'S SIGNATURE 26a. | | DATE FILED BY LOCAL REG. STAFF (MONTH, DAY, YEAR) 26b. | JUL 27 2006 |
|----------------------------------|--|--|-------------|

200 (Rev. 5-89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Not valid without the embossed seal of DuPage County Health Department

Local Registrar

TRADEMARK