

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		Will and Death Certificate	
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Julia Conrad		02/11/2005	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	Ray L. Conrad		
Street Address:	5850 Reigart Rd.		
City:	Hamilton		
State/Country:	OHIO		
Postal Code:	45011		
Entity Type:	INDIVIDUAL: UNITED STATES		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	0361817	PORTELVATOR	
Registration Number:	0683218	DIE PART	
CORRESPONDENCE DATA			
Fax Number:	(513)977-8141		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	513-977-8200		
Email:	emily.judge@dinslaw.com		
Correspondent Name:	Emily M. Judge		
Address Line 1:	255 E. 5th St.		
Address Line 2:	Suite 1900		
Address Line 4:	Cincinnati, OHIO 45202		
ATTORNEY DOCKET NUMBER:	23053-2		
NAME OF SUBMITTER:	Emily M. Judge		
Signature:	/emily judge/		

OP \$65.00 0361817

Date:

04/27/2009

Total Attachments: 5

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Last Will and Testament
of
Julia A. Conrad

I, Julia A. Conrad, of Butler County, Ohio, being of sound mind, do hereby make and publish this my Last Will and Testament, hereby revoking all Wills and Codicils previously made by me.

ITEM I

I direct my Executor, named below, to pay my funeral expenses, expenses of my last illness and all of my just debts, as soon as practicable after my death. I further direct my Executor to pay from my estate all taxes, and interest and penalties hereon, imposed by my death upon the inheritance of, succession to, or transfer of any and all property that may be included in my estate for tax purposes and no such tax, interest or penalty shall be charged by my Executor against the particular share of any recipient of such property. My Executor shall not look to any person or fund for reimbursement for all or any part of such tax or interest.

ITEM II

I give, devise and bequeath all of my property of whatsoever kind and wheresoever situated to which I may be legally or equitably entitled at the time of my death to my spouse, Ray L. Conrad, provided my spouse survives me for a period of five (5) days. If we die in a common disaster, or in the event that my said spouse predeceases me or dies within five (5) days after my death, then in such event I give, devise and bequeath all the rest, residue and remainder of my estate, real and personal, to my children, Connie R. Keltner and Kris A. Miller, divided equally, *per stirpes*.

ITEM III

Any reference in this Will to Child, Children, Executor, Executrix, Trustee or related pronouns shall be read in the singular or plural or in the masculine, feminine, or neuter gender as the sense may require.

ITEM IV

A. I nominate my husband, Ray L. Conrad, as Executor of this my Last Will and Testament. Should Ray L. Conrad, for any reason be unwilling to be appointed, or if

after having been appointed should cease to act for any reason, then I appoint my daughter, Connie R. Keltner, to serve in his stead.

B. My Executor shall not be required to give any bond for the performance of its duties hereunder.

C. In addition to the powers and authority granted to my Executor by law, or by any other Items of my Will, my Executor, is hereby empowered and authorized from time to time and to the fullest extent permitted by law, without applying to any court for authority therefore or subsequent approval thereof:

1. To retain all or any part of the estate in the form in which it shall have been received or shall have been invested or reinvested as provided in paragraph 3 below for such time as my Executor shall, in his sole discretion, deem proper and for the best interests of the estate;

2. To sell, transfer, exchange, lease, mortgage, pledge, give opinion upon or otherwise dispose of any property, real or personal, at any time held in the estate, at public or private sale, or otherwise, for cash or other consideration, or on credit, and upon such terms and conditions, with or without security, and for such prices as my Executor may determine;

3. To invest and from time to time to reinvest all the money coming into his hands as Executor in any kind of real or personal property. In making any such transactions, my Executor shall not be limited to the class of securities in which Executors are authorized by law or any rule of court to invest funds and may make such investments without regard to the proportion that any such investment may bear to the total estate or to the effect such investment may have upon the diversification of the investments in the estate;

4. To unite with the owners of other securities or property in carrying out a plan for the consolidation or readjustment of the capital or financial structure of any corporation or company, the securities of which may form a part of the estate; to deposit such securities in accordance with such plan; and to pay any expenses or other sums of money which they may deem expedient or which may be necessary for the protection or furtherance of the interests of the estate with reference to any such plan; to receive and retain as investments any new securities issued as a result of the execution of such plan and whether or not otherwise authorized for investment by law;

5. To cause the property, securities and investments held by him to be registered in his individual name, or in the name of a nominee, or in any name that will carry good delivery, or take and keep the same unregistered, or in such form that they will pass by delivery, but her liability shall not be diminished thereby;

6. To borrow from others, if appropriate, such sums of money as in his opinion are required or advisable for any purpose of the estate, and to secure the loan by pledge or mortgage of any of the bonds, stock or other property or investments held in the estate, and to execute plain or collateral notes or other evidences of indebtedness;

7. To vote any corporate stock held by my Executor by proxy with or without power of substitution in such manner as they shall deem to be for the best interest of the estate;

8. To renew or extend the time for payment of any obligation, secured or unsecured, payable to or by the estate for as long a period or periods of time and upon such terms as my Executor may determine, and to pay, sue on or defend, adjust, settle, compromise or arbitrate claims or demands in favor of or against me, or himself, as Executor, upon such terms as they may deem advisable;

9. To make any division or distribution of any property, real or personal, required by this instrument, either in cash, in kind, or partly in cash and partly in kind, as my Executor may determine. For the purposes of such division or distribution, my Executor shall have power to value such property or any part thereof reasonable and in good faith and such valuation shall be conclusive upon all parties. To whatever extent division or distribution is made in kind, my Executor, so far as he shall find practicable, shall allocate to the respective beneficiaries approximately proportionate amounts of each property being so divided or distributed;

10. To determine whether money or property coming into the possession of my Executor shall be treated as principal or income, and whether gains, losses, taxes, expenses and other disbursements and charges shall be allocated to principal or income; provided that without limiting the generality of the foregoing, I hereby direct that my Executor shall not be required to amortize the premiums paid on the purchase of any investment or to take account of discounts received on any such purchase; and provided further that in making any such allocation as between principal and income, my Executor shall do so in accordance with sound legal and accounting principles;


11. To employ in addition to the appraiser appointed by Probate Court, such additional appraisers as, in her sole discretion, she shall deem necessary and pay them reasonable compensation without order of Probate Court; and

12. To do all other acts which, in her judgment, may be necessary or appropriate for the proper and advantageous management, investment and disposition of the estate.

D. Purchasers from, lenders to and others dealing with my Executor need not inquire as to the occasion for the sale, loan, or other transaction, nor to see to the application of their purchase, loan or other money or property; and written receipts signed by my Executor shall be good and sufficient discharges for the sums therein stated to have been received.

E. Whenever in this Will payment is to be made to a minor or property is to be delivered to such minor, I authorize my Executor to pay or deliver same, in his discretion, to the minor or to the parent or to the custodian or to the person having the care, custody or control of such minor, and the receipt of such payee shall be full acquittance of my Executor.

IN WITNESS WHEREOF, I have hereunto set my hand at Hamilton, Ohio, this the 11 day of February, 2005.


Julia A. Conrad

The foregoing typewritten instrument consisting of this and three (3) other preceding pages was signed, published, acknowledged and declared by the said Julia A. Conrad, to be her Last Will and testament, on the day and year last aforesaid, in our presence and in the presence of each of us, and we, at the same time, in her presence and at her request, and in the presence of each other, have hereunto set our hands as witnesses.

Anna Hughson residing at Troy, Ohio

Sheryl A. Bunn residing at Hamilton, Ohio

This instrument was prepared by:

Amanda R. Barrett 0075230
Attorney at Law
2 South Third Street, Suite 570
Hamilton, Ohio 45011
(513) 737-8000

Patricia B. Bing, Registrar of Vital Statistics

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

Reg. Dist. No. 09
Primary Reg. Dist. No. 0900
Registrar's No. 2005-00198

DO NOT WRITE IN
MARGINS
RESERVED FOR ODH
DATA CODES

a.
b.
c.
d.
e.

IF DEATH OCCURRED
IN INSTITUTION, GIVE
REFERENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

f.
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h. 0900
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1. Decedent's Name (First, Middle, Last) Julia A. CONRAD				2. Sex Female		3. Date of Death (Month, Day, Year) FEB 24 2005	
4. Social Security Number 291-32-9896		5a. Age - Last Birthday (Years) 66	5b. Under One Year Months: _____ Days: _____	5c. Under 1 Day Hour: _____ Minute: _____		6. Date of Birth (Month, Day, Year) OCT 5 1938	
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. Place of Death: (Check Only One) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D/OA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. Facility Name (If Not Institution, Give Street and Number) 5850 Reigart Road				9c. City, Village, Twp., or Location of Death Fairfield Twp.		9d. County of Death Butler	
10. Marital Status - Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If W/o, Give Maiden Name) Ray Louis Conrad		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Co-owner, bookkeeper		12b. Kind of Business/Industry Lou's Machine Co.	
13a. Residence - State Ohio		13b. County Butler		13c. City, Town, Twp., or Location Fairfield Twp.		13d. Street and Number 5850 Reigart Road	
13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP Code 45011		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) White		15. Race - American Indian, Black, White, etc. (Specify)	
16. Decedent's Education (Specify Only Highest Grade Completed) 11				17. Decedent's Education (Specify Only Highest Grade Completed) College (1-4 or 5+)			
17. Father's Name (First, Middle, Last) Roy Humphries				18. Mother's Name (First, Middle, Maiden Surname) Blanche Hacker			
19a. Informant's Name (Type/Print) Ray Louis Conrad				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 5850 Reigart Road Hamilton, OH 45011			
20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) Rose Hill Burial Park		20c. Location - City or Town, State Hamilton, Ohio,			
20d. Date of Disposition FEB 28 2005		21a. Name of Embalmer (First, Middle, Last) Bernard G. Naegele		21b. License Number 6343 A			
22a. Signature of Funeral Director or Other Person <i>Patricia Bing</i>		22b. License Number: (of Licensee) 7961		23. Name and Address of Facility (Include City, State and ZIP code) Colligan Funeral Home 437 S. Third St. Hamilton, Ohio 45011			
24. Registrar's Signature <i>Patricia Bing</i>		25. Date Filed (Month, Day, Year) March 1, 2005		26. Dist. No. 0900			
26a. Signature of Person Issuing Permit <i>Patricia Bing</i>		27. Date Permit Issued Feb 25, 2005		28. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician 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"/> Coroner 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 as stated.			
28b. Time of Death 2:30 A M		28c. Date Pronounced Dead (Month, Day, Year) 2-24-05		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28e. Signature and Title of Certifier <i>Dr. Wm Maantel</i>		28f. License Number 35-05-2198		28g. Date Signed (Month, Day, Year) 2-28-05			
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Wm Maantel 791 Glass St. Fairfield, OH							
30. Part I. Enter the diseases, injuries, 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. Type or print in permanent black ink.							
Immediate Cause (Final disease or condition resulting in death) →		Metastatic Lung Cancer				Approximate Interval Between Onset and Death 6 wks	
Sequentially list conditions, if any, leading to the immediate cause.		b. Due to (or as a Consequence of)					
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		c. Due to (or as a Consequence of)					
		d. Due to (or as a Consequence of)					