

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM341557

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Affidavit of Surviving Joint Tenant		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Diane Gail Schaffer	FORMERLY -- Deceased	05/31/2006	INDIVIDUAL: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Ricky R. Schaffer		
<b>Street Address:</b>	3210 Production Avenue, Suite A		
<b>City:</b>	Oceanside		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	92058		
<b>Entity Type:</b>	INDIVIDUAL: UNITED STATES		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2464765	GROM	
<b>Registration Number:</b>	3624644	GROM PRIX	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7604340808		
<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>			
<b>Phone:</b>	760 434 6800		
<b>Email:</b>	zcraig@earthlink.net		
<b>Correspondent Name:</b>	Craig O. Correll, Attorney		
<b>Address Line 1:</b>	4245 Sunnyhill Drive		
<b>Address Line 4:</b>	Carlsbad, CALIFORNIA 92008		
<b>ATTORNEY DOCKET NUMBER:</b>	JT GROM RICKY		
<b>NAME OF SUBMITTER:</b>	Craig O. Correll		
<b>SIGNATURE:</b>	/Craig O. Correll/		
<b>DATE SIGNED:</b>	05/15/2015		
<b>Total Attachments: 2</b>			
source=Diane Schaffer Death CertOriginal#page1.tif			
source=Scan Affidavit Ricky#page1.tif			

OP \$65.00 2464765

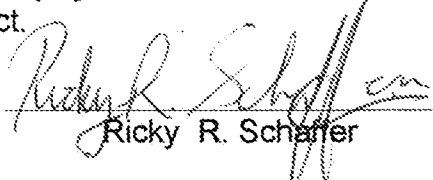
**AFFIDAVIT of SURVIVING JOINT TENANT**

The undersigned state(s) as follows: DIANE GAIL SCHAFFER (name of decedent) died on May 31, 2006, in the County of Chatham, State of Georgia and:

1. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. No proceeding is now being or has been conducted in California or Georgia for administration of the decedent's estate.
3. On or about March 14, 1996, Diane Gail Schaffer and Ricky Roland Schaffer a/k/a Ricky Schaffer, a/k/a Ricky R. Schaffer, mother and son, entered into a joint tenancy agreement with respect to a business and its assets. Such business was variously known as Hard Wear Clothing, Hard Wear Clothing partnership and/or Grom Clothing. Such assets included, but were not limited to, various GROM and related trademarks.
4. Diane Gail Schaffer did not terminate, sever or otherwise end the joint tenancy during her lifetime.
5. Ricky R. Schaffer is the sole surviving joint tenant of the joint tenancy.
6. Upon the death of Diane Gail Schaffer, Ricky R. Schaffer became the sole owner of the business and the trademarks associated therewith by operation of law.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: May 15, 2015

  
 Ricky R. Schaffer

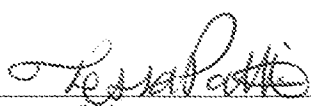
**JURAT**

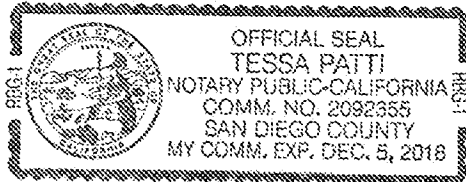
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California        }  
County of SAN DIEGO    }

Subscribed and sworn to (or affirmed) before me on this 15 day of May,

2015, by RICKY R. SCHAFFER , proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
 (Signature of Notary)



(Seal)


**CERTIFICATE OF DEATH/STATE OF GEORGIA** Book Number **550-1210** State File Number **027690**

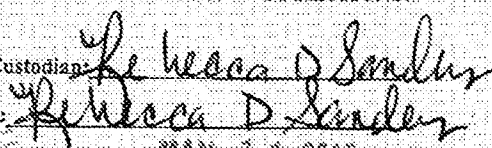
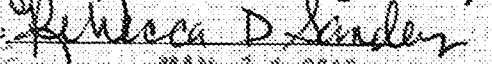
TYPE OF PRINTER PERMANENT BLACK OR BLUE-INKED INK	DECEASED'S NAME (Print, Middle, Last) <b>DIANE GAIL SCHAFFER</b>		IF DECEASED IS FEMALE, ENTER MARRIED LAST NAME <b>Ross</b>		SEX <b>Female</b>	DATE OF DEATH (Mo., Day, Year) <b>May 31, 2006</b>	
	RACE (White, Black, Amer. Indian, etc.) <b>White</b>		COLOR OF DECEASED (Green, Blue, etc.) <b>American</b>	DATE OF BIRTH (Mo., Day, Year) <b>May 25, 1941</b>	AGE (Last birthday) <b>65</b>	UNDER 1 YEAR <b>7</b>	UNDER 1 DAY <b>7</b>
DECEASED Usual Residence Where Deceased Lived at Death Occurred by Occupation, See Part 10 for Reporting Conditions of Residence Name	CITY, TOWN OR LOCATION OF DEATH <b>Thunderbolt</b>		HOSPITAL OR OTHER INSTITUTION NAME (If not in name, give street and no.) <b>Tara at Thunderbolt</b>		IF HOSPITAL OR INST., GIVE ICD-9 CODE, ICD-9-CM, ICD-9-CM-OP, ICD-9-CM-OP-2, ICD-9-CM-OP-3, ICD-9-CM-OP-4, ICD-9-CM-OP-5, ICD-9-CM-OP-6, ICD-9-CM-OP-7, ICD-9-CM-OP-8, ICD-9-CM-OP-9, ICD-9-CM-OP-10, ICD-9-CM-OP-11, ICD-9-CM-OP-12, ICD-9-CM-OP-13, ICD-9-CM-OP-14, ICD-9-CM-OP-15, ICD-9-CM-OP-16, ICD-9-CM-OP-17, ICD-9-CM-OP-18, ICD-9-CM-OP-19, ICD-9-CM-OP-20, ICD-9-CM-OP-21, ICD-9-CM-OP-22, ICD-9-CM-OP-23, ICD-9-CM-OP-24, ICD-9-CM-OP-25, ICD-9-CM-OP-26, ICD-9-CM-OP-27, ICD-9-CM-OP-28, ICD-9-CM-OP-29, ICD-9-CM-OP-30, ICD-9-CM-OP-31, ICD-9-CM-OP-32, ICD-9-CM-OP-33, ICD-9-CM-OP-34, ICD-9-CM-OP-35, ICD-9-CM-OP-36, ICD-9-CM-OP-37, ICD-9-CM-OP-38, ICD-9-CM-OP-39, ICD-9-CM-OP-40, ICD-9-CM-OP-41, ICD-9-CM-OP-42, ICD-9-CM-OP-43, ICD-9-CM-OP-44, ICD-9-CM-OP-45, ICD-9-CM-OP-46, ICD-9-CM-OP-47, ICD-9-CM-OP-48, ICD-9-CM-OP-49, ICD-9-CM-OP-50, ICD-9-CM-OP-51, ICD-9-CM-OP-52, ICD-9-CM-OP-53, ICD-9-CM-OP-54, ICD-9-CM-OP-55, ICD-9-CM-OP-56, ICD-9-CM-OP-57, ICD-9-CM-OP-58, ICD-9-CM-OP-59, ICD-9-CM-OP-60, ICD-9-CM-OP-61, ICD-9-CM-OP-62, ICD-9-CM-OP-63, ICD-9-CM-OP-64, ICD-9-CM-OP-65, ICD-9-CM-OP-66, ICD-9-CM-OP-67, ICD-9-CM-OP-68, ICD-9-CM-OP-69, ICD-9-CM-OP-70, ICD-9-CM-OP-71, ICD-9-CM-OP-72, ICD-9-CM-OP-73, ICD-9-CM-OP-74, ICD-9-CM-OP-75, ICD-9-CM-OP-76, ICD-9-CM-OP-77, ICD-9-CM-OP-78, ICD-9-CM-OP-79, ICD-9-CM-OP-80, ICD-9-CM-OP-81, ICD-9-CM-OP-82, ICD-9-CM-OP-83, ICD-9-CM-OP-84, ICD-9-CM-OP-85, ICD-9-CM-OP-86, ICD-9-CM-OP-87, ICD-9-CM-OP-88, ICD-9-CM-OP-89, ICD-9-CM-OP-90, ICD-9-CM-OP-91, ICD-9-CM-OP-92, ICD-9-CM-OP-93, ICD-9-CM-OP-94, ICD-9-CM-OP-95, ICD-9-CM-OP-96, ICD-9-CM-OP-97, ICD-9-CM-OP-98, ICD-9-CM-OP-99, ICD-9-CM-OP-100		
	STATE AND COUNTY OF BIRTH <b>CA: Los Angeles</b>		CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	SPOUSE (If named or addressed, give spouse's name - 1 wife, give maiden name) <b>N/A</b>	WAS DEPENDENT EVER IN U.S. ARMED FORCES (Yes or No) <b>No</b>	
PARENTS INFORMANT	SOCIAL SECURITY NUMBER <b>548-54-7845</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Professional</b>		KIND OF INDUSTRY OR BUSINESS <b>Residential Sales - Real Estate -</b>		
	MEDICINE - STATE <b>Georgia</b>		COUNTY <b>Chatham</b>	CITY, TOWN OR LOCATION <b>Savannah</b>	STREET AND NUMBER AND ZIP CODE <b>222 Green Island Rd 31411</b>		INSIDE CITY LIMITS (Yes or No) <b>No</b>
DISPOSITION Conditions, if any, which gave rise to this cause should be stated under this cause last.	FATHER'S NAME (Print, Middle, Last) <b>Joseph Ross</b>		MOTHER'S MAIDEN NAME (Print, Middle, Last) <b>Jean Burnstein</b>		INFORMANT'S NAME (Print, Middle, Last) <b>Teri Gates</b>		
	MARRIAGE ADDRESS (Street, R.F.D. No., City or Town, State, Zip) <b>222 Green Island Road, Savannah, Georgia 31411</b>		RELATIONSHIP <b>Daughter</b>		FUNERAL CREMATION REMOVAL (Specify) <b>Cremation</b>		
CAUSE OF DEATH If Infant Death, Indicate Birth Certificate No. at Maternity.	DEPOSITION DATE (Mo., Day, Year) <b>June 1, 2006</b>		SEMPITERY OR CREMATORY NAME <b>Coastal Cremation Service</b>		LOCATION (City or Town, State, Zip) <b>Beaufort, S.C. 29902-Beaufort</b>		
	GENERAL DIRECTOR (Signature) <b>J. Edward Fabian</b>		PUN. FOR LICENSE NO. <b>#4207</b>	NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>GAMBLE FUNERAL SERVICE, INC. 410 STEPHENSON AVENUE SAVANNAH, GEORGIA 31405-5972</b>		EST. LICENSE NO. <b>#1615</b>	
CERTIFIER TYPE OF PRINTER	EMBALMER LICENSE NO. <b>N/A</b>		SAVING CAUSE (Specify) <b>Not Embalmed</b>		PART 21 IMMEDIATE CAUSE (Specify one cause per line for A, B, and C) <b>Non Small Cell Lung Cancer</b>		
	PART 24 OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to those given in Part 21, (if none, indicate if present or absent occurred within 30 days of death) <b>NO</b>		AUTOPSY (Yes or No) <b>No</b>		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) <b>N/A</b>		
REGISTRAR	WAS OPERATION PERFORMED (Yes or No) <b>NO</b>		DATE OF OPERATION (Mo., Day, Year)		CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		
	ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NO</b>		DATE OF INJURY (Mo., Day, Year)		DESCRIBE HOW INJURY OCCURRED		
INJURY AT WORK? (Yes or No) <b>NO</b>		PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)			
DATE SIGNED (Mo., Day, Year) <b>June 6, 2006</b>		HOUR OF DEATH <b>10:40 P.</b>		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>Paul S Bradley</b>		DATE PRONOUNCED DEAD (Mo., Day, Year)		HOUR OF DEATH		DATE PRONOUNCED DEAD (Mo., Day, Year)	
NAME, TITLE AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>Paul S Bradley</b>		ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) <b>6630 30011</b>		DATE <b>JUN 07 2006</b>		SIGNATURE OF REGISTRAR <b>Helma W. Campbell</b>	

NOTICE TO FUNERAL DIRECTOR AND CERTIFYING PHYSICIAN:  
 (1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CAPACITY? (2) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (3) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (4) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (5) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (6) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (7) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (8) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (9) WAS THE DECEASED OR APPARENT CAUSE OF DEATH? (10) WAS THE DECEASED OR APPARENT CAUSE OF DEATH?

JEP JUN 21 06

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DPH RULES AND REGULATIONS.

  
 STATE REGISTRAR AND CUSTODIAN  
 GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian:   
 Issued by:   
 Date Issued: **MAY 11 2015**

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