

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM536632

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Transfer from decedent owner to spouse		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Tim Mantoani		05/18/2019	INDIVIDUAL:
RECEIVING PARTY DATA			
Name:	Lynn Setzler Mantoani		
Street Address:	1864 Clove Street		
City:	San Diego		
State/Country:	CALIFORNIA		
Postal Code:	92106		
Entity Type:	INDIVIDUAL: UNITED STATES		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4301544	SNAP	
CORRESPONDENCE DATA			
Fax Number:	8588363400		
<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>			
Phone:	6196655753		
Email:	steve@ptlawgroup.com		
Correspondent Name:	Steven C. Tietsworth, Esq.		
Address Line 1:	3527 Talbot Street		
Address Line 4:	San Diego, CALIFORNIA 92106		
ATTORNEY DOCKET NUMBER:	SNAP US1		
NAME OF SUBMITTER:	STEVEN C. TIETSWORTH		
SIGNATURE:	/Steven C. Tietsworth/		
DATE SIGNED:	08/14/2019		
Total Attachments: 5			
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OP \$40.00 4301544

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Mantoani, Tim

- Individual(s) Association
- Partnership Limited Partnership
- Corporation- State: _____
- Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) May 18, 2019

- Assignment Merger
- Security Agreement Change of Name
- Other Transferred from decedent owner.

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Lynn Setzler Mantoani

Street Address: 1864 Clove Street

City: San Diego

State: California

Country: USA Zip: 92106

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) Text

B. Trademark Registration No.(s)

4301544

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

SNAP Word Mark

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Steven C. Tietsworth, Esq.

Internal Address: _____

Street Address: 3527 Talbot Street

City: San Diego

State: California Zip: 92106

Phone Number: (619) 665-5753

Docket Number: SNAP US1

Email Address: steve@ptlawgroup.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ _____

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature: _____ /Steven C. Tietsworth/

_____ August 14, 2019

Signature

Date

_____ Steven C. Tietsworth, Esq. Attorney or Record

Total number of pages including cover sheet, attachments, and document: 5

Name of Person Signing

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

DECLARATION FOR TRANSFER OF PROPERTY (TRADEMARK)

[California Probate Code, Section 13101]

Pursuant to California Probate Code Section 13101, Lynn Setzler Mantoani, Trustee of the Mantoani Family Revocable Trust, dated March 30, 2001 (the "Trustee"), declares as follows:

1. Tim Mantoani, also known as Timothy James Mantoani (the "Decedent"), died on October 7, 2016, at San Diego, California.

2. At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

4. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

5. The following described property of the Decedent is to be transferred to the Trustee:

All rights, title and interest in and to United States Trademark Registration Number 4,301,544 for the SNAP mark, registered on March 12, 2013, as well as all associated goodwill. A copy of registration 4,301,544 is attached hereto.

6. The Trustee, as the affiant or declarant is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

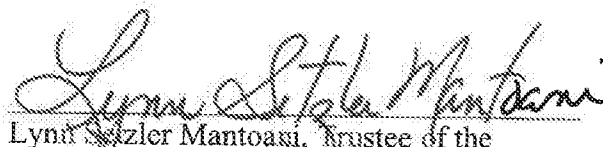
7. No other person has a superior right to the interest of the Decedent in the described property.

8. The Trustee, as the affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

9. The Trustee, as the affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

5.18.19


Lynn Setzler Mantoani, Trustee of the
Mantoani Family Revocable Trust, dated
March 30, 2001

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

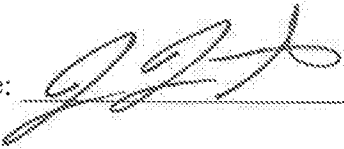
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss
COUNTY OF SAN DIEGO)

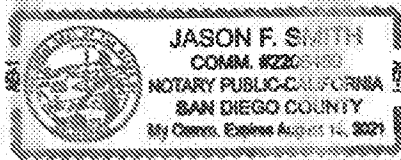
On 18 MAY 2019, before me, Jason F. Smith, a Notary Public (*here insert name and title of the officer*), personally appeared LYNN SETZLER MANTOANI, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: 

(Seal)



United States of America
United States Patent and Trademark Office

SNAP

Reg. No. 4,301,544

MANTOANI, TIM (UNITED STATES INDIVIDUAL)
3615 B INDIA ST.

Registered Mar. 12, 2013

SAN DIEGO, CA 92103

Int. Cl.: 25

FOR: CLOTHING AND APPAREL, NAMELY, HATS, SHIRTS, COATS, JACKETS, BELTS,
IN CLASS 25 (U.S. CLS. 22 AND 39).

TRADEMARK

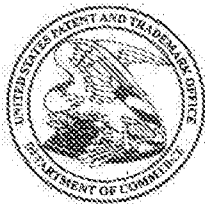
FIRST USE 12-10-2012; IN COMMERCE 12-10-2012.

PRINCIPAL REGISTER

THE MARK CONSISTS OF STANDARD CHARACTERS WITHOUT CLAIM TO ANY PAR-
TICULAR FONT, STYLE, SIZE, OR COLOR.

SN 76-661,798, FILED 6-19-2006.

KEVIN CORWIN, EXAMINING ATTORNEY



Kevin Corwin

Acting Director of the United States Patent and Trademark Office

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052016199464

CERTIFICATE OF DEATH

3201637017046

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
TIMOTHY		JAMES		MANTOANI	
4. DATE OF BIRTH (month/day/year)					
01/12/1959					
5. AGE (Year)		6. SEX		7. HIGHEST GRADE SCHOOL ATTENDED	
47		M		2322	
8. BIRTH STATE/FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER		10. MARRIAGE STATUS (at time of death)	
CA		557-43-7255		MARRIED	
11. EDUCATION - Highest level (degree) (If none, see worksheet on back)		12. WAS DECEDENT A DOMESTIC PARTNER? (If yes, see worksheet on back)		13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
14. USUAL OCCUPATION - Type of work for most of time. DO NOT USE RETIRED			15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food constructor, employment agency, etc.)		
PHOTOGRAPHER			COMMERCIAL PHOTOGRAPHY		
16. YEARS IN OCCUPATION					
25					
17. DECEDENT'S RESIDENCE (Street and number, or location)					
1864 CLOVE STREET					
18. CITY		19. COUNTY/PROVINCE		20. STATE/FOREIGN COUNTRY	
SAN DIEGO		SAN DIEGO		CA	
21. INFORMANT'S NAME, RELATIONSHIP			22. ADDRESS (Street and number, or location) (City or town, state and ZIP)		
LYNN MANTOANI, SPOUSE			1864 CLOVE STREET, SAN DIEGO, CA 92106		
23. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST		24. MIDDLE		25. LAST (GIVEN NAME)	
LYNN		MICHELLE		SETZLER	
26. NAME OF FATHER-IN-LAW - FIRST		27. MIDDLE		28. LAST	
KENNETH		JAMES		MANTOANI	
29. NAME OF MOTHER-IN-LAW - FIRST		30. MIDDLE		31. LAST (GIVEN NAME)	
MARY ANN				SOUSA	
32. DEPOSITION DATE (month/year)		33. PLACE OF FINAL DISPOSITION (RESIDENCE OF LYNN MANTOANI)			
10/13/2016		1864 CLOVE STREET, SAN DIEGO, CA 92106			
34. TYPE OF DISPOSITION		35. SIGNATURE OF EMBALMER		36. LICENSE NUMBER	
CR/RES		NOT EMBALMED		-	
37. NAME OF FUNERAL ESTABLISHMENT		38. LICENSE NUMBER		39. SIGNATURE OF LOCAL REGISTRAR	
AMERICAN CREMATION SERVICE		FD1752		WILMA J WOOTEN, MD MPH	
40. DATE (month/year)		41. DATE (month/year)			
10/13/2016		10/13/2016			
42. PLACE OF DEATH					
SHARP MEMORIAL HOSPITAL					
43. COUNTY		44. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		45. CITY	
SAN DIEGO		7801 FROST ST.		SAN DIEGO	
46. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
LEIOMYOSARCOMA					
17a. DEATH REPORTED TO (Check all that apply)					
<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Physician <input type="checkbox"/> Other					
17b. DEATH REPORTED TO (Check all that apply)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
17c. DEATH REPORTED TO (Check all that apply)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
17d. DEATH REPORTED TO (Check all that apply)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
17e. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRESENTED IN THE UNDERLYING CAUSE (Check all that apply)					
NONE					
17f. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 17c OR 17d? (If yes, list type of operation and date.)					
NO					
17g. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
18. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		19. SIGNATURE AND TITLE OF CERTIFIER		20. LICENSE NUMBER	
Decedent's Last Name: Initial		CHARLES HASKELL REDFERN M.D.		A52733	
21. DATE (month/year)		22. TYPE OF PERSON (Physician, Nurse, Medical Examiner, etc.) (See instructions on back)		23. ADDRESS (Street and number, or location) (City or town, state and ZIP)	
02/13/2008		10/07/2016		3075 HEALTH CENTER DR #102, SAN DIEGO, CA 92123	
24. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
25. MANNER OF DEATH (Federal, Accidental, Suspicious, Pending, or Unknown)					
<input type="checkbox"/> Federal <input type="checkbox"/> Accidental <input type="checkbox"/> Suspicious <input type="checkbox"/> Pending <input type="checkbox"/> Unknown					
26. PLACE OF DEATH (e.g., home, construction site, without area, etc.)					
27. DESCRIBE HOW DEATH OCCURRED (e.g., driver when responsible party)					
28. LOCATION OF BIRTH (Street and number, or location, and city, state and ZIP)					
29. SIGNATURE OF REGISTRAR (If applicable)			30. DATE (month/year)		
			10/13/2016		
31. STATE REGISTRAR			32. SIGNATURE AND TITLE OF REGISTRAR (If applicable)		
A			WILMA J. WOOTEN, M.D., MPH		

County of San Diego - Health & Human Services Agency - 3833 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: October 13, 2016
 WILMA J. WOOTEN, M.D., MPH
 REGISTRAR OF VITAL RECORDS
 County of San Diego



TRADEMARK

