

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM749695

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Declaration Under California Probate Code 13100-13116		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Howard Alexander Dumble		02/26/2022	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	Allan H. Dumble		
Street Address:	4860 N. Chester Ext.		
City:	Bakersfield		
State/Country:	CALIFORNIA		
Postal Code:	93308		
Entity Type:	INDIVIDUAL: UNITED STATES		
Name:	Joyce E. Davies		
Street Address:	1351 Alta Vista Dr.		
City:	Bakersfield		
State/Country:	CALIFORNIA		
Postal Code:	93305		
Entity Type:	INDIVIDUAL: UNITED STATES		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	2909913	DUMBLE	
Registration Number:	2892356	DUMBLE	
Serial Number:	76551196	DUMBLE	
CORRESPONDENCE DATA			
Fax Number:	5594324590		
<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:	5594324500		
Email:	ipmail@dowlingaaron.com		
Correspondent Name:	FENNEMORE CRAIG, P.C.		
Address Line 1:	8080 N. Palm Ave., Third Fl.		
Address Line 4:	Fresno, CALIFORNIA 93711		
ATTORNEY DOCKET NUMBER:	055548.0001		

CH \$90.00 2909913

NAME OF SUBMITTER:	Marcus N. DiBuduo
SIGNATURE:	/Marcus N. DiBuduo/
DATE SIGNED:	08/18/2022
Total Attachments: 6 source=Dumble Declaration#page1.tif source=Dumble Declaration#page2.tif source=Dumble Declaration#page3.tif source=Dumble Declaration#page4.tif source=Dumble Declaration#page5.tif source=Dumble Declaration#page6.tif	

DECLARATION PURSUANT TO
CALIFORNIA PROBATE CODE §§ 13100-13116

The undersigned, ALLAN H. DUMBLE and JOYCE E. DAVIES (the "Declarants"), hereby declare as follows:

1. On January 16, 2022, HOWARD ALEXANDER DUMBLE, also known as ALEXANDER DUMBLE (the "Decedent"), died in Stanislaus County, California.

2. At least 40 days have elapsed since the death of the Decedent, as shown in the certified copy of the Decedent's death certificate attached hereto as Exhibit "A".

3. No proceeding is now being or has been conducted in California for the 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 Sixty-Six Thousand Two Hundred Fifty Dollars (\$166,250).

5. The property of the Decedent that should be paid, transferred, or delivered to the Declarants is described as follows: all right, title and interest in and to any and all personal property, including, without limitation, any and all intellectual property rights and other items described in Exhibit "B" attached hereto.

6. The Declarants are 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 Declarants request that the described property be paid, delivered or transferred to the Declarants.

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

This Declaration was executed on February 26, 2022, at Bakersfield California.



ALLAN H. DUMBLE



JOYCE E. DAVIES

ACKNOWLEDGMENT

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 Kern)

On 3 August 2021 before me, Deanna Lascano, Notary Public
(here insert name and title of the officer)

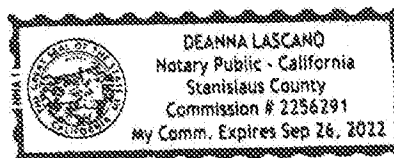
personally appeared Allan H. Dumble

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 Deanna Lascano



(Seal)

ACKNOWLEDGMENT

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 Kern)

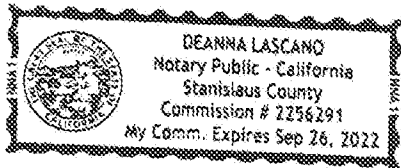
On August 3, 2022 before me, Deanna Lascano, Notary Public
(here insert name and title of the officer)

personally appeared Joyce E. Davies

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 Deanna Lascano

(Seal)

EXHIBIT "A"

CERTIFIED COPY OF CERTIFICATE OF DEATH

TRADEMARK

REEL: 007791 FRAME: 0724

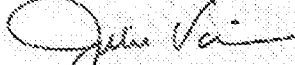
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY
STANISLAUS COUNTY
 PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH 3202250000492

1. NAME OF DECEASED (Last, First, Middle, Initial) HOWARD ALEXANDER DUMBLE		2. MIDDLE ALEXANDER		3. LAST NAME DUMBLE	
4. DATE OF BIRTH (Month, Day, Year) 07/16/1944		5. AGE (Years) 77	6. SEX M	7. DATE OF DEATH (Month, Day, Year) 01/18/2022	
8. STATE OF BIRTH CA		9. MARITAL STATUS NEVER MARRIED		10. SOCIAL SECURITY NUMBER 0156	
11. OCCUPATION (Last, First, Middle, Initial) INVENTOR		12. BUSINESS OR PROFESSION (Last, First, Middle, Initial) ELECTRONICS		13. AGE (Years) 50	
14. LOCAL RESIDENCE (Last, First, Middle, Initial) 23118 WILLIAMS AVENUE		15. CITY HILMAR	16. COUNTY NERCED	17. ZIP CODE 95324	18. STATE OF RESIDENCE CA
19. NAME OF BIRTH MOTHER (Last, First, Middle, Initial) WILLIAM HARVEY DUMBLE		20. BIRTH STATE CA		21. NAME OF BIRTH FATHER (Last, First, Middle, Initial) WILLA GENEVIEVE HUNT	
22. DATE OF BURIAL (Month, Day, Year) 02/05/2022		23. PLACE OF BURIAL TURLOCK MEMORIAL PARK		24. ADDRESS OF BURIAL PLACE 575 NORTH SODDERQUIST ROAD, TURLOCK, CA 95380	
25. FUNERAL HOME (Last, First, Middle, Initial) TURLOCK FUNERAL HOME		26. LICENSE NUMBER FD1843		27. SIGNATURE OF LOCAL REGISTRAR JULIE VAISHAMPAYAN MD	
28. PLACE OF DEATH (Last, First, Middle, Initial) EMANUEL MEDICAL CENTER		29. CITY TURLOCK		30. COUNTY STANISLAUS	
31. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVE		32. ZIP CODE 95382		33. STATE OF DEATH CA	
34. CAUSE OF DEATH (Last, First, Middle, Initial) 01/04/2022 EXPLORATORY LAPAROTOMY		35. ICD-10 CODE A11016		36. DATE OF DEATH 02/03/2022	
37. SIGNATURE OF PHYSICIAN (Last, First, Middle, Initial) NATALIE SLOWIK, MD		38. LICENSE NUMBER A11016		39. DATE OF DEATH 02/03/2022	
40. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		41. CITY TURLOCK		42. COUNTY STANISLAUS	
43. STATE OF DEATH CA		44. ZIP CODE 95382		45. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
46. DATE OF DEATH 01/18/2022		47. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		48. LICENSE NUMBER A11016	
49. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		50. CITY TURLOCK		51. COUNTY STANISLAUS	
52. STATE OF DEATH CA		53. ZIP CODE 95382		54. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
55. DATE OF DEATH 01/18/2022		56. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		57. LICENSE NUMBER A11016	
58. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		59. CITY TURLOCK		60. COUNTY STANISLAUS	
61. STATE OF DEATH CA		62. ZIP CODE 95382		63. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
64. DATE OF DEATH 01/18/2022		65. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		66. LICENSE NUMBER A11016	
67. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		68. CITY TURLOCK		69. COUNTY STANISLAUS	
70. STATE OF DEATH CA		71. ZIP CODE 95382		72. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
73. DATE OF DEATH 01/18/2022		74. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		75. LICENSE NUMBER A11016	
76. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		77. CITY TURLOCK		78. COUNTY STANISLAUS	
79. STATE OF DEATH CA		80. ZIP CODE 95382		81. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
82. DATE OF DEATH 01/18/2022		83. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		84. LICENSE NUMBER A11016	
85. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		86. CITY TURLOCK		87. COUNTY STANISLAUS	
88. STATE OF DEATH CA		89. ZIP CODE 95382		90. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
91. DATE OF DEATH 01/18/2022		92. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		93. LICENSE NUMBER A11016	
94. ADDRESS (Last, First, Middle, Initial) 825 DELBON AVENUE, TURLOCK, CA 95382		95. CITY TURLOCK		96. COUNTY STANISLAUS	
97. STATE OF DEATH CA		98. ZIP CODE 95382		99. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD	
100. DATE OF DEATH 01/18/2022		101. SIGNATURE OF REGISTRAR (Last, First, Middle, Initial) JULIE VAISHAMPAYAN MD		102. LICENSE NUMBER A11016	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

 JULIE VAISHAMPAYAN, MD, MPH
 LOCAL REGISTRAR OF VITAL STATISTICS

02/09/2022



000881303

TRADEMARK

REEL: 007791 FRAME: 0725



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

EXHIBIT "B"

DESCRIPTION OF PROPERTY

All worldwide rights, titles and interests in, to and under all of Decedent's intellectual property and related proprietary rights, interests and protections, including, but not limited to, any copyrights, patents, trademarks, domain names, formulas, data, lists, information, results, patterns, compilations, websites, marketing material, programs, methods, techniques, know how, processes, research, studies, plans, other information that is not generally known to the public, and goodwill and all other intangible assets ("Intellectual Property"), together with all rights to assert, defend, sue, and recover damages for any past, present and future infringement, misuse, misappropriation, impairment, unauthorized use or other violation of any rights in the Intellectual Property, all income, royalties or payments now or hereafter due or payable in relation to the Intellectual Property, all benefits, privileges, causes of action, common law rights, and remedies relating to the Intellectual Property, all goodwill and other intangible assets exclusively related to the Intellectual Property, and any and all corresponding rights that have been, now or hereafter may be secured throughout the world with respect to the Intellectual Property, including but not limited to the following:

- U.S. Trademark Reg. No. 2909913 for the mark **DUMBLE** ;
- U.S. Trademark Reg. No. 2892656 for the mark **DUMBLE** ; and
- U.S. Ser. No. 76551196 for the mark DUMBLE.