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DECLARATION Supplemental Sheet For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name

Page____ of _

Name of Legal Representative:						
Given Name (first and middle (if any))	Family Nan	Family Name or Surname				
Legal Representative's Signature				Date		
Residence: City	State	9	Cou	Intry	Citizenship	
Mailing Address						
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		01-1-		7:-	Country	
City	State Zip Country A petition has been filed for this non-signing legal representative Image: Country in the second s					
Name of Additional Legal Representative, if an						
Given Name (first and middle (if any))	Family Name or Surname					
Legal Representative's Signature Date						
Residence: City	Stat	e		Country		Citizenship
Mailing Address						
Mailing Address						
City	Sta	e		Zip	Country	
Name of Additional Legal Representative, if any:						
Given Name (first and middle (if any))	Family Name or Surname					
Legal Representative's Signature		Date				
Residence: City	Stat	te	Country		Citizenship	
Mailing Address						
Mailing Address						
City	Stat	e		Zip	Country	

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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The information provided by you in this form will be subject to the following routine uses:

- The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
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- 9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.