

ESTTA Tracking number: **ESTTA341471**

Filing date: **04/08/2010**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91181360
Party	Defendant Greg Weld
Correspondence Address	MICHAEL A. WILLIAMSON POLSINELLI SHALTON WELTE SUELTHAUS PC 700 W 47TH STREET , STE 1000 KANSAS CITY, MO 64112-1805 UNITED STATES uspt@pswslaw.com
Submission	Withdrawal Of Application
Filer's Name	Michael R. Ong
Filer's e-mail	mong@onglawfirm.com,jcook@onglawfirm.com,dfickler@gmail.com
Signature	/Michael R. Ong/
Date	04/08/2010
Attachments	TEAM WELD - abandonment.pdf (6 pages)(497260 bytes)

TYPE/PRINT
IN
PERMANENT
BLACK INK.
FOR
INSTRUCTIONS
SEE HANDBOOK

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>095</u>		REGISTRAR'S NUMBER <u>1624</u>		124-	
1. DECEDENT'S NAME (First, Middle, Last) RICHARD WELD			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 4, 2008	
4. SOCIAL SECURITY NO. 492-46-2612	5a. AGE - Last Birthday (Years) 64	5b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	5c. UNDER 1 DAY HOURS: _____ MINUTES: _____	6. DATE OF BIRTH (Month, Day, Year) Mar 4, 1944	7. BIRTHPLACE (City and State or Foreign Country) Kansas City, MO
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Lee's Summit Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Lee's Summit		9d. COUNTY OF DEATH Jackson	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married	11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) Debra Ratcliff	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) President/Owner	12b. KIND OF BUSINESS OR INDUSTRY Greg Weld Design Inc		
13a. RESIDENCE - STATE Missouri	13b. COUNTY Jackson	13c. CITY, TOWN, OR LOCATION Lee's Summit	13d. ZIP CODE 64064		
13e. STREET AND NUMBER 645 NE Shorline Drive		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13g. YEARS AT PRESENT ADDRESS 1. <input type="checkbox"/> Under 5 2. <input type="checkbox"/> 5-9 3. <input checked="" type="checkbox"/> 10-19 4. <input type="checkbox"/> 20 or more		
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE - American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 14 College (1-4 or 5+)		
17. FATHER'S NAME (First, Middle, Last) Taylor A. Weld			18. MOTHER'S NAME (First, Middle, Maiden Surname) Ella Nora McMillin		
19a. INFORMANT'S NAME (Type/Print) Debra S. Weld		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 645 NE Shorline Drive, Lee's Summit, MO 64064			
20a. BURIAL, CREMATION, OTHER (Specify) Cremation	20b. DATE OF DISPOSITION (Month, Day, Year) August 6, 2008	20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Park Lawn Crematory	20d. LOCATION (City or Town, State) Kansas City Missouri		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		22a. NAME AND ADDRESS OF FACILITY Park Lawn Funeral Home 8251 Hillcrest Road Kansas City, MO 64138-1146		22b. FUNERAL ESTABLISHMENT LICENSE NUMBER 000823	
23. 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. IMMEDIATE CAUSE (First disease or condition resulting in death) Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Cancer of prostate					Approximate Interval Between Onset and Death 12 years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	27a. DATE OF INJURY (Month, Day, Year)	27b. TIME OF INJURY	27c. INJURY AT WORK? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <input type="checkbox"/> Unk.	27d. DESCRIBE HOW INJURY OCCURRED	
27e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
28a. (Specify) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Signature and Title)	28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		28c. DATE SIGNED (Month, Day, Year) 8/11/08	28d. TIME OF DEATH 8:12 AM M	
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 4881 NE Goodview Circle Larry Rosen Lee's Summit MO 64064		29b. MD. LICENSE NUMBER R7864	30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	32. REGISTRAR'S SIGNATURE 		33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) August 15, 2008		

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if reproduced, or if seal impression cannot be felt.)

STATE OF MISSOURI
COUNTY OF Jackson } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as County Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services.

August 15, 2008
MO-580-1103 (08-05)

Registrar of Vital Records



IN THE 16TH JUDICIAL CIRCUIT COURT, JACKSON COUNTY, MISSOURI

Judge or Division: PROBATE	Case Number: 08P9-PR00619	FILED FEB 26 2009 PROBATE DIV. DEED <i>[Signature]</i> BY <i>[Signature]</i> D.C. (Date File Stamp)
In the Estate of RICHARD GREGORY ALAN WELD, Deceased.		

Letters of Administration De Bonis Non With Will Annexed
INDEPENDENT ADMINISTRATION
RESIDENT FIDUCIARY

The State of Missouri to All Persons to Whom These Presents Shall Come, Greeting:

Know Ye, that the Last Will and Testament of RICHARD GREGORY ALAN WELD, deceased, who resided in JACKSON COUNTY, was admitted to probate on AUGUST 8, 2008 and TAYLOR J WELD, was appointed personal representative. Said personal representative resigned and the administration of the estate is incomplete. To the end that the unadministered property may be collected, preserved and disposed of according to law, we appoint MICHAEL R. ONG personal representative de bonis non with will annexed of all unadministered property, except the exempt property of the surviving spouse or unmarried minor children, with full power and authority to administer the estate according to law.

In Testimony Whereof, I, Clerk of the Probate Division of the Circuit Court in and for the said County Jackson County, Missouri, have hereunto signed my name and affixed the seal of the said court on 26-FEB-2009.

S. MARGENE BURNETT
By *[Signature]*
DEPUTY DIVISION CLERK

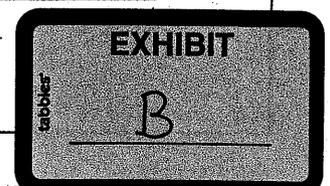


Certificate

I, Clerk of the Probate Division, certify that the foregoing Letters, now in full force and effect, is a true copy from the record as it appears in my office.

Witness my hand and seal of court on 2/26/09 (date).

[Signature]
Clerk



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

In re Application Serial No. 77/024370

For the Mark: TEAM WELD

Published in the Official Gazette Nov. 20, 2007

Weld Racing, LLC)
)
As Successors-in-Interest to)
American Racing Equipment, LLC)
)
Opposer) **Opposition No. 91181360**
)
vs.)
)
Greg Weld, an individual)
)
Applicant.)

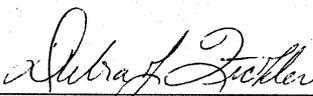
STUPULATION OF EXPRESS ABANDONMENT

COME NOW, Opposer, Weld Racing, LLC, hereby consents to Applicant's Express Abandonment of the Application Serial Number 77024370. Applicant, Greg Weld, a/k/a Richard G. Weld, is a deceased individual whose estate is represented by The Law Office of Michael Ong, P.A.

Respectfully Submitted,

Fickler Law Office

Law Office of Michael Ong, P.A.

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