2433 Main	OGMENT TO: (Name actal Credit Cor St. Suite 8 , CT 06067	·					
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Rocky Hill	, CT 06067						
AUCEY IIII	, CI 00007						
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L			i				
DERTOPISEVACE	1811 COAL MARKE		THE ABOV	E SPACE IS FO	OR FILING OFFICE U	E ONLY	
1ª ORGANIZATION'S	NAME	serronly <u>one</u> debtorname (1a or1b	o) - do notabbreviata or combine names				
					-		
16. INDIVIDUAL SLAST	NAME		FIRST NAME			_	
Gerrity				MIDDLE NAME		SUFFIX	
MALING ADDRESS			Michael	J			
Comfort La	na.			STATE	POSTAL CODE	COUNTRY	
SEE INSTRUCTIONS		TYPE OF ORGANIZATION	S. Kingstown 11. JURISDICTION OF ORGANIZATION	RI	02879	USA	
	ORGANIZATION DEBTOR		I II TORGEDIC HON CH CHEANIZATION	1g. ORG	ANIZATIONAL ID#, if any		
DOITIONAL DERTO		GAL NAME (see a see	ebtor name (2a or 2b) - do not abbreviale or com			Nc	
	NO LOCK POLL II	COLUMN - NAME - NAME ONLY ONE O	ebtor name (2a or 2b) - do not abbreviate or com	bine names			
2a. ORGANIZATION'S I	IAME						
	W. W. L.				· · · · · · · · · · · · · · · · · · ·		
	W. W. L.						
26 INDIVIDUAL'S LAST	W. W. L.		FIRST NAME William	MIDDLE	NAME	SUFFIX	
26 INDIVIDUAL'S LAST	W. W. L.		FIRST NAME	MRDDLE C			
26 INDIVIDUAL'S LAST	NAME		FIRST NAME William	MIDDLE C	POSTAL CODE	COUNTRY	
26. INDIVIDUAL'S LAST Gerrity MALING ADDRESS 18 COMFO	NAME Tt Lane		FIRST NAME William cmy S. Kingstown	MIDDLE C STATE RI	POSTAL CODE 02879		
2b. INDIVIDUAL'S LAST Gerrity MAILING ADDRESS 18 COMFOI	name t Lane ADDL NFO RE 26	. TYPE OF ORGANIZATION	FIRST NAME William	MIDDLE C STATE RI	POSTAL CODE	COUNTRY	
2b. INDIVIDUAL'S LAST Gerrity MALING ADDRESS 18 COMFO	NAME Tt Lane ADDLINFORE 28 ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	FIRST NAME William CITY S. Kingstown 24 JURISDICTION OF ORGANIZATION	MIDDLE C STATE RI	POSTAL CODE 02879	COUNTRY	
2b. INDIVIDUAL'S LAST Gerrity MAILING ADDRESS 18 COMFOI SEE INSTRUCTIONS	TAME TELLANCE ADD'L INFO RE 28 ORGANIZATION DEBTOR NAME for NAME of TOT.	TYPE OF ORGANIZATION	FIRST NAME William cmy S. Kingstown	MIDDLE C STATE RI	POSTAL CODE 02879	COUNTRY	
2b. INDIVIDUAL'S LAST Gerrity MALING ADDRESS 18 COMFOI SEE INSTRUCTIONS ECURED PARTYS 3a. ORGANIZATION'S N	NAME TELLAINE ADDIL INFO RE 20 ORGANIZATION DEBTOR NAME (orname of tot.)	. TYPE OF ORGANIZATION ALASSIGNEE of ASSIGNOR S/P	FIRST NAME William CITY S. Kingstown 24 JURISDICTION OF ORGANIZATION	MIDDLE C STATE RI	POSTAL CODE 02879	COUNTRY	
2b. INDIVIDUAL'S LAST Gerrity AMLING ADDRESS 18 COMFORM EEINSTRUCTIONS ECURED PARTYS 3a. ORGANIZATION'S N First Finance	NAME ADD'L INFO RE 28 ORGANIZATION DEBTOR NAME (GINAME OF TOT.	. TYPE OF ORGANIZATION ALASSIGNEE of ASSIGNOR S/P	FIRST NAME William City S. Kingstown 21. Jurisdiction of organization	MIDDLE C STATE RI 29. ORGA	POSTAL CODE 02879 INIZATIONAL ID #, if any	COUNTRY	
2b. INDIVIDUAL'S LAST Gerrity AMLING ADDRESS 18 COMFORM EEINSTRUCTIONS ECURED PARTYS 3a. ORGANIZATION'S N First Finance	NAME ADD'L INFO RE 28 ORGANIZATION DEBTOR NAME (GINAME OF TOT.	. TYPE OF ORGANIZATION ALASSIGNEE of ASSIGNOR S/P	FIRST NAME William CITY S. Kingstown 24 JURISDICTION OF ORGANIZATION	MIDDLE C STATE RI	POSTAL CODE 02879 INIZATIONAL ID #, if any	COUNTRY	
2b. INDIVIDUAL'S LAST Gerrity AMLING ADDRESS 18 COMFOI EEUNSTRUCTIONS ECURED PARTYS 3c. ORGANIZATION'S N First Finance 3cb. NDIVIDUAL'S LAST	NAME ADD'L INFO RE 28 ORGANIZATION DEBTOR NAME (GINAME OF TOT.	. TYPE OF ORGANIZATION ALASSIGNEE of ASSIGNOR S/P	FIRST NAME William City S. Kingstown 24. JURISDICTION OF ORGANIZATION - insertonly one secured party name (3e or 3b) FIRST NAME	MIDDLE I	POSTAL CODE 02879 INIZATIONAL IO#, if eny	COUNTRY USA	
2b. INDIVIDUAL'S LAST Gerrity MAILING ADDRESS 18 COMFOI SEE INSTRUCTIONS ECURED PARTYS 3a. ORGANIZATION'S N	ADDL INFO RE 20 ORGANIZATION DEBTOR NAME (OF NAME OF NAME OF NAME)	. TYPE OF ORGANIZATION ALASSIGNEE of ASSIGNOR S/P	FIRST NAME William City S. Kingstown 21. Jurisdiction of organization	MIDDLE I	POSTAL CODE 02879 INIZATIONAL ID #, if any	COUNTRY USA	

1986 Oxford 14 x 76 Mfg Home Serial# OH-M-308

And all parts, equipment, and accessories affixed thereto or in conjunction therewith

5. ALTERNATIVE DESIGNATION [# applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BALLERBALOR (SELECTION OF THE PROPERTY OF THE PRO
S. P. ENRAPHIVE DESIGNATION IF ADDITIONAL LESSEE/LESSOR CONSIGNOR BALLEGRAN OR SELLED FOR THE PROPERTY OF THE
6. This Financing Statement is to be fined for recording the field. If Clear to RECULER AS A STATE OF THE STA
8, OPTIONAL FILER REFERENCE DATA All Debtors Debtor 1 Debtor 2

FOLLOW INSTRUCTIONS		NT ADDENDUM					
9. NAME OF FIRST DEBT	OR (1a or 1b) O	N RELATED FINANCING STA	TEMENT				
98. ORGANIZATION'S NAI	ИE			•			
OR							
9b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME, SUFFIX				
Gerrity		Michael	J				
10.MISCELLANEOUS:							
				THE ABOVE S	EDACE :	S FOR FILING OFFICE	ELICE OM V
11. ADDITIONAL DEBTO	R'S EXACT FULI	_ LEGAL NAME - insert only one n	ame (11a or 11b) , do not abbrevia			S FOR FILING OFFICE	OSEUNLY
11a. ORGANIZATION'S NA	ME	, and	and the of the property	to or contains (failtes			- 1.
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OR 11b. INDIVIDUAL'S LAST I	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
11a. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
							1
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	IZATION	1g. ORG	ANIZATIONAL ID#, if any	
	DEBTOR						NON
12. ADDITIONAL SEC	URED PARTY	S 🖭 🗌 ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)			
12a. ORGANIZATION'S NA	ME						
OR							
126. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12o. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEM		her to be cut or as-extracted	16. Additional collateral descrip	tion:			
collateral, or is filed as a 114. Description of real estate:	fixture filing.						
(4. Description of real estate:							
]				
			1				
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			}				
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Name and address of a Ri (if Debtor does not have a	ECORD OWNER of	above-described real estate					
(ii Dobah docs not nate a	iocolo illelesty.						
			17. Check only if applicable and	check <u>only</u> one box.			
			Debtor is a Trust or T			roperty held in trust or	Decedent's Esta
			18. Check only if applicable an			,	1
			Debtor is a TRANSMITTING				
			Filed in connection with a		mneachi-	naffactive 90	
			.; ~	Public-Finance Transa		•	