	*	U	C	C	1	*
	-				EMEN d back) CA	
1					T FILER [optional]
	ANNET	TE SM	ITH 40	1-729-5	786	
	D CENO	ACKNO	ALEDCK	ENT TO	/Name a	nd Addr

PAWTUCKET CREDIT UNION 1200 CENTRAL AVE PAWTUCKET, RI 02861 ATTN: RETAIL SERVICING DEPT

	THE ABOVE	SPACE IS FO	R FILING OFFICE US	EUNLT	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o	or 1b) - do not abbreviate or combine πames				
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	JEAN		SUFFIX	
GERRISH	DEBORAH				
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE		COUNTRY	
95 D LAND HARBOR DR	CHARLESTOWN	RI	02813	USA	
1d. TAX ID#: SSN OR EIN NOT REQUIRED IN ORGANIZATION ORGANIZATION DEBTOR	11. JURISDICTION OF ORGANIZATION	1g. ORG.	ANIZATIONAL ID#, if any	NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one d	febtor name (2a or 2b) - do not abbreviate or com	bine names			
2a. ORGANIZATION'S NAME				_	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
		10	Incorn Cope	COUNTRY	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	<u> </u>	
NOT REQUIRED IN ORGANIZATION RHODE ISLAND DEBTOR		1		NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (3a or	3b)			
3a. ORGANIZATION'S NAME					
PAWTUCKET CREDIT UNION					
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME S		SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1200 CENTRAL AVE	PAWTUCKET	RI	02861	USA	

4. This FINANCING STATEMENT covers the following collateral:

PROPERTY: 95 D LAND HARBOR DR, CHARLESTOWN, RI 02813

YEAR:

1986

MAKE:

RITZCRAFT (MOBILE HOME)

MODEL: FC318 70' X 14' SIZE:

SERIAL# 0106866435 PLAQUE# 057838661

INCLUDES BUT IS NOT LIMITED TO FIXTURES, ADDITIONS AND DELETIONS TO ABOVE UNIT.

		00.10.11.11	BAILEE/BAILOR SE	ELLER/BUYER AG. LIEN	NON-UCC FILING
6.	This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum	in the REAL 7. TO	REQUEST A SEAF	RCH REPORT, FILE A	. UCC11
•	OPTIONAL EILER REFERENCE DATA				



FOLLOW INSTRUCTIONS (
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME							
9b.INDIVIDUAL'S LAST NAM	1E FIR	ST NAME	MIDDLE NAME, SUFFIX				
GERRISH	1	DEBORAH	JEAN				
10. MISCELLANEOUS:							
					PACE IS	S FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR!		LNAME - insert only one name	(11a or 11b) - do not abbreviate or	combine names			
	_						
OR 11b. INDIVIDUAL'S LAST NA	ME		FIRST NAME	M	IIDDLE N	AME	SUFFIX
11c. MAILING ADDRESS			CITY	s	TATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE 1116. T ORGANIZATION	YPEOFORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION 1	1g. ORG/	ANIZATIONAL ID#, if	
	DEBTOR	Table 10 to					NONE
12. ADDITIONAL SECU		ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NA	ME		FIRST NAME		MIDDLE NAME SUFFIX		
12c. MAILING ADDRESS			CITY	S	TATE	POSTALCODE	COUNTRY
13. This FINANCING STATEME	NT covers timberto	be cut or as-extracted	16. Additional collateral descript	Non:			
collateral, or is filed as a	_ ⊔	as-extracted	To: Additional collateral descript	gori,			
14. Description of real estate:] -						
95 D LAND HAR	BOR DR						
CHARLESTOWN							
	,						
		•					
		•	•				
÷							
15. Name and address of a RECC (if Debtor does not have a recc		cribed real estate					
CHARLES E BR	OOKS		1				
NANCY J BROOKS			17. Check only if applicable and	check only one box.			
			Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate				
14 COVEY COURT			18. Check only if applicable and		•		
CHARLESTOWN, RI 02813			Debtoris a TRANSMITTING UTILITY				
CHARLESTOWN	¥, KI U∠013		Filed in connection with a Ma	anufactured-Home Transa	ction — e	ffective 30 years	
			Filed in connection with a Pu	blic-FinanceTransaction	—effectiv	e 30 years	

ı