DCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
' Enfield Federal Savings and Loa 855 Enfield Street Enfield, CT 06082	in Association			
			FILING OFFICE USE	ONLY
. DEBTOR'S EXACT FULL LEGAL NAME - insert only one 18. ORGANIZATION'S NAME	e debtor name (1s or 1b) - do not abbreviate or com	bine names		
OR Th. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
McNeilis	William	Α.		
5400 Post Rd.	East Greenwich,	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORG			ANIZATIONAL ID #, if and	<u>l</u>
ORGANIZATION DEBTOR				Пиои
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -	insert only one debtor name (2a or 2b) - do not abb	reviste or comi	oine names	
OR				- Inventor
2b. INDIVIDUAL'S LAST NAME	FIRST NAME Kathleen	A.		SUFFIX
McNeilis 2c. mailing address	СІТУ	STATE	POSTAL CODE	COUNTRY
5400 Post Rd.	East Greenwich,	RI	02818 ANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORG ORGANIZATION DEBTOR	ANIZATION 27 JUNISDICTION OF UNGANIZATION	zg. ond 	ANIZA HONAC ID F, II ani	,
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNED	E of ASSIGNOR S/P) - insert only one secured party name (3a	or 3b)		
3a. ORGANIZATION'S NAME Enfield Federal Savings and L	oan Association			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
	CITY	STATE	POSTAL CODE	COUNTRY
855 Enfield Street	Enfield,	CT	06082	COOM
A 1986 28 x 42 Champion Mobile Located at 6 Lear Drive, Westwood				

			ENT ADDENDUM		1			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT				FMENT				
	9a. ORGANIZATION'S							
OR	01 110 110 110 10 10 10 10 10 10 10 10 1							
	96. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	1			
	McNeilis		William	A.]			
11	ADDITIONAL DERT	DE EVACT EU	U LECAT MANE		THE ABOV	E SPACE	IS FOR FILING OFFI	CE USE ONLY
11.	11a. ORGANIZATION'S	NAME	LL LEGAL NAME - insert only	one name (11a or 11b) - do	not abbreviate	or combin	e names	
^=								
OR	116. INDIVIDUAL'S LA	ST NAME	·········	FIRST NAME		MIDDLE	NAME	SUFFIX
								307712
11c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
114	TAVID & CCN OR CIT	Tabbu was as						
ı ıu.	TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any		
1.0		DEBTOR				□ NON		
12.	12a. ORGANIZATION'S	CURED PARTY	/'S or ☐ ASSIGNOR S/F	"S NAME - insert only one	nama (12a or 1	2Ы)		
		, populariza						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX			
					MIDDLE NAME		SUFFIX	
12c.	MAILING ADDRESS			CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
13.	This FINANCING STATE	MENT covers ti	mber to be cut or as-extracted	16. Additional collateral descri	ption:			
	collateral, or is filed as a	<u> </u>						
14.	Description of real estate):						
F 6	isms and address of a Di	ECORD DUBIED -1 -	A 4					
Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):								
				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					
			18. Check only it applicable and check only one box.					
				Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction effective 30 years				
			•					
				Filed in connection with a Public-Finance Transaction effective 30 years				