UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]						
ANNETTE SMITH 401-729-5786 B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
PAWTUCKET CREDIT UNION 1200 CENTRAL AVE PAWTUCKET, RI 02861 ATTN: LOAN SERVICING DEPT.						
DEPTODIC FYLOT FILL LEGAL NAME (1)		SPACE IS FO	OR FILING OFFICE US	E ONLY		
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a ORGANIZATION'S NAME	or 1b) - do not appreviate di combine hames					
OR 1D. INDIVIDUAL'S LAST NAME SKIDGELL	FIRST NAME BRENDA	ELAINE		SUFFIX		
1c. MAILING ADDRESS 242 MANTON AVE, UNIT 47	PAWTUCKET	RI	02861	USA		
1d. TAX ID#: SSN OR EIN NOT REQUIRED IN RHODE ISLAND ADD'L INFO RE 16. TYPE OF ORGANIZATION DEBTOR	11. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any					
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of [2a, ORGANIZATION'S NAME]	lebtor name (2a or 2b) - do not abbreviate or comb	ine names				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
2d. TAX ID#: SSN OR EIN NOT REQUIRED IN RHODE ISLAND ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any				
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	R S/P) - insert only one secured party name (3a or 3	3b)				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
3c. MAILING ADDRESS 1200 CENTRAL AVE	PAWTUCKET	STATE RI	POSTAL CODE 02861	COUNTRY		
4. This FINANCING STATEMENT covers the following collateral: PROPERTY: 242 MANTON AVE, UNIT 4	7, PAWTUCKET, RI 0286	§1				
YEAR: 1968 MAKE: DETROITER (MOBILE HOME) MODEL: CUSTOM SERIAL# FH60-2FCD-12-ML-C-DP-9095						
INCLUDES BUT IS NOT LIMITED TO FIXT UNIT.	URES, ADDITIONS AND	DELET	TIONS TO TH	E ABOVE		
	SIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/B		NON-UCC FILING		
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE ESTATE RECORDS. Attach Addendum [if appli	AL 7. TO REQUEST A Scable	SEARCH F	REPORT, FILE A	UCC11		

* U C C 1 UCC FINANCING STATEME				I					
9. NAME OF FIRST DEBTOR (1a or 1b) Of		TEMENT		1					
9a ORGANIZATION'S NAME				1					
OR	Telepot units	MIDDLE	NAME, SUFFI	,					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME BRENDA		INE	Î					
SKIDGELL 10. MISCELLANEOUS:	BRENDA		MINE	┨					
11. ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME insert only one name	e (11a or 11h) - de	n not shbreviste			SPACE I	S FOR FILING OF	FICE L	JSE ONLY
11. ADDITIONAL DEBTOR S EXACT FULLE	EGAL NAME - Insert only one nam	e(Ilaoriib)-do	OTROLADOREVIALE	or comoni	TIAIIIOS		<u></u>		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME				MIDDLE	NAME		SUFFIX
11c MAILINGADDRESS	. 45-44-11	CITY		<u>-</u>		STATE	POSTALCODE		COUNTRY
11d. TAXID#: \$\$N OR EIN ADD'L INFO RE NOT REQUIRED IN ORGANIZATION RHODE ISLAND DEBTOR	11e, TYPE OF ORGANIZATION	11f. JURISDIC	CTION OF ORG	ANIZATIC	N	11g. ORG	ANIZATIONAL ID#, if	апу	NONE
12. ADDITIONAL SECURED PARTY'S 12a ORGANIZATION'S NAME	or ASSIGNOR S/P'S	NAME - inser	t only one nam	e (12a or 1	2b)				
OR 12b. INDIVIDUAL'S LAST NAME	12b. INDIVIDUAL'S LÄST NAME		FIRST NAME			MIDDLE NAME			SUFFIX
12c. MAILING ADDRESS		CITY			····	STATE	POSTAL CODE	-	COUNTRY
13. This FINANCING STATEMENT covers the collateral, or is filed as a 14. Description of real estate: 242 MANTON ST, UNIT 4 PAWTUCKET, RI 02861	perto be cut or as-extracted	16. Additional	collateral desca	iption:					
15. Name and address of a RECORDOWNER of abo (if Debtor does not have a record interest): ARTHUR G BROWN BEVERLY G BROWN 24.2 MANTON ST	ve-described real estate	17. Checkonl	lyifapplicableai	_		spect to pro	perty held in trust or	□□	ecedent's Estate
242 MANTON ST PAWTUCKET, RI 02861			y if applicable a			•			