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CC FINANCING STA	ATEMENT							•	
LLOW INSTRUCTIONS			LLY		ì				
NAME & PHONE OF CONTACT Phone:(800) 33	AT FILER (option	ial] :: (818) 662-	-4141						
SEND ACKNOWLEDGEMENT T	FO: (Name and A	ddress)	14805 NATIO	NAL CITY					
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UCC Direct Serv	vices		115384	18					
P.O. Box 29071						ű			
Glendale, CA 91	209-9071		RIRI						
-					T'	HE ABOVE SPA	CE IS FOR FIL	ING OFFICE USE ONL	Y
DEBTOR'S EXACT FULL LE	GAL NAME - ir	nsert only one	debtor name (1a	or 1b) - do not	abbreviate or	combine nam	es		
1a. ORGANIZATION'S NAME									
Crown Mortgage Co				FIRST NAME			MIDDLE	NAME	SUFFIX
1b. INDIVIDUAL'S LAST NAM	ΙE			FIRST NAME					
 . MAILING ADDRESS 515 Pontiac Avenue	· · · · · · · · · · · · · · · · · · ·			Cranston		-4	STATE RI	POSTAL CODE 02920	COUNTRY USA
	DD'L INFO RE	1e. TYPE OF OR	RGANIZATION	1f. JURISDICT	TION OF ORGA	NIZATION		ANIZATIONAL ID#, if a	
0		CORPORA			RI		1149	25	NONE
ADDITIONAL DEBTOR'S EX	XACT FULL LE	GAL NAME - ir	nsert only o <u>ne</u> d	ebtor name (2a	or 2b) - do no	t abbreviate o	r combine na	mes	
2a. ORGANIZATION'S NAME									
2b. INDIVIDUAL'S LAST NAM	<u> </u>			FIRST NAME	<del></del>	<u> </u>	MIDDLE	NAME	SUFFIX
20. INDIVIDUAL S LAST NAM	1 <u>E</u>								
: MAILING ADDRESS				CITY			STATE	POSTAL CODE	COUNTRY
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SECURED PARTY'S NAME	EBTOR OF T	OTAL ASSIGN	NEE of ASSIGNO	OR S/P) - insert	only o <u>ne</u> sec	cured party na	me (3a or 3b)	)	
3a. ORGANIZATION'S NAME	E								
National City Bank				FIRST NAME			MIDDLE	NAME	SUFFIX
3b. INDIVIDUAL'S LAST NAM	νE ·		·	FIRST NAME					
, MAILING ADDRESS				СПҮ	4.		STATE	POSTAL CODE 45202	COUNTRY
ne East Fourth St NC	WR MS C -	190D		Cincinna	iti			43202	
This FINANCING STATEMENT	covers the following	ng collateral:							
II mortgage loans for whi		N.L. Marahau	oo Docources	a division of	National Cit	v Bank adva	nces warel	nouse funds; to inc	dude on said loans
lortoade Loan Document	ts incluaing, w	nunout iiriiitat	JOH, ali MUNGA	de Morco, inc	in tale of the second	and a secondaries	d whatcon	or recidual or oth	erwise issued to
ghts to service or subser orrower or now or hereal	vice the iviori fter owned, he	gage Loans, eld or acquire	ed by Borrowei	in connectio	n with or rela	ated to any r	nortgage lo	an securitization (	or any asset-back e of its covenants.
ansaction involving the N	ylortgage Loai	ns, an or bon	IOMEL 2 DALIES (	under contact		-tt	roomante u	áth all Third Part∨	Investors and all
ttorney's opinions of title	and title insul	rance policie:	s, the Cash Ct	at Comited to	all sayment	e made by M	Aortoagors i	to Borrower in con	nection with the
nd all of the foregoing Co fortgage Loans and all pi	remiums paid	to Borrower	by Third Party	Investors in	connection v	with the sale	s of the ivid	stgage Loans	
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. ALTERNATIVE DESIGNATION	fif applicable	LESSEE/LESS	OR CONS	GNEE/CONSIGN		EE/BAILOR	SELLER/E		NON-UCC FILI
This FINANCING STATEM	MENT is to be filed			AL 7. Check	to REQUEST S	EARCH REPOR	RT(S) on Debto (optional)	r(s) All Debtors	Debtor 1 Debtor
ESTATE RECORDS. AI OPTIONAL FILER REFERI	tach Addendum ENCE DATA		lit_applic	AUUI IAUUI	NAME OF THE				
1538418			DK			39101	<u> </u>	6	Direct Samires D.O. Pov.
		ANCING STAT	TEMENT (FORM	LUCCI) (REV	05/22/02)			Prepared by UCC I Glendale, CA 9120	Direct Services, P.O. Box 2 09-9071 Tel (800) 331-32