[redacted]

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

FALL RIVER FIVE CENTS SAVINGS BANK
79 NORTH MAIN STREET
FALL RIVER, MA 02720

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

OR	1a. ORGANIZATION'S NAME: O'NEILL FAMILY REVOCABLE LIVING TRUST				
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS: 5 BLUE JAY STREET		CITY: TIVERTON	STATE: RI	POSTAL CODE: 02878	COUNTRY: USA
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION: TRUST	1f. JURISDICTION OF ORGANIZATION: RHODE ISLAND	1g. ORGANIZATIONAL ID #, if any	☒ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S LAST NAME: O'NEILL	FIRST NAME: ROBERT	MIDDLE NAME: L.		SUFFIX
2c. MAILING ADDRESS: 5 BLUE JAY STREET		CITY: TIVERTON	STATE: RI	POSTAL CODE: 02878	COUNTRY: USA
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	☐ NONE

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME: FALL RIVER FIVE CENTS SAVINGS BANK				
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS: 79 NORTH MAIN STREET		CITY: FALL RIVER	STATE: MA	POSTAL CODE: 02720	COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

SEE EXHIBIT 'A' ATTACHED HERETO AND HEREBY INCORPORATED BY REFERENCE

PROPERTY: 5 BLUE JAY STREET
TIVERTON, RI 02878

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG.LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY— RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/01/06)

11869-25-0

[redacted]

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

19a. ORGANIZATION'S NAME: O'NEILL FAMILY REVOCABLE LIVING TRUST

OR

19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

20. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O'NEILL	JEANNETTE	R.	

21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5 BLUE JAY STREET	TIVERTON	RI	02878	USA

21d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	21g. ORGANIZATIONAL ID #, if any
				☐ NONE

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	22g. ORGANIZATIONAL ID #, if any
				☐ NONE

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	23g. ORGANIZATIONAL ID #, if any
				☐ NONE

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR

24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR

25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

Exhibit A - Property Description

Closing date:	**June 7, 2007**
Borrower(s):	**Robert L. O'Neill, individually and as Trustee of O'Neill Family Revocable Living Trust and Jeannette R. O'Neill, individually and as Trustee of O'Neill Family Revocable Living Trust, u/d/t dated February 22, 2007 and recorded with the Town of Tiverton Land Evidence Records, prior hereto**
Property Address:	**5 Blue Jay Street, Tiverton, Rhode Island 02878**

That certain leasehold estate located in the Town of Tiverton, Rhode Island, at assigned area Lot #A-41, known as 5 Blue Jay Street,, situated in Countryview Estates, Tiverton, Newport County, and State of Rhode Island and further described in that certain ground lease dated June 7, 2007, and recorded with the Town of Tiverton Land Evidence Records, prior hereto, together with a real property interest in that certain 2006 Titan manufactured home, 26'8 X 62' 8, Serial No. 019-012591.

EXHIBIT "A" TO FINANCE STATEMENT
BETWEEN ***ROBERT L. O'NEILL AND JEANNETTE R. O'NEILL individually and as Trustees of the O'Neill Family Revocable Living Trust,*** *u/d/t dated February 22, 2007 and recorded with the Town of Tiverton Land Evidence Records, prior hereto*

AND **FALL RIVER FIVE CENTS SAVINGS BANK (SECURED PARTY)**

All of the Debtors' now or hereafter arising right, title and interest in and to all personal property, including, without limitation; the manufactured home identified as a **Titan Manufactured Home built in 2006, Serial No. 019-012591** and all equipment (including, but not limited to, all dishwasher, refrigerators, stoves, telephone and other communication equipment, micro wave, furniture and tools and implements, parts and accessories, containers and all parts thereof and all accessions thereto;

To the extent not included above, all fixtures;

All insurance proceeds, whether arising out of any of the foregoing or otherwise;

All other property at any time delivered, pledged, assigned, or transferred by Debtors to the Secured Party and any other property of every kind or description of Debtors, now or hereafter in the possession of control of the Secured Party for any purpose, including all products, or other rights with respect to any property hereinabove referred to, now owned or hereafter acquired.

Leasehold estate located at assigned area **Lot A-41** located at **5 Blue Jay Street**, situated in Countryview Estates, Tiverton, RI pursuant to the lease between Countryview Estates, LLC and Mortgagors dated June 7, 2007.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

UNIFORM COMMERCIAL CODE SECTION

148 W. River St., Providence RI 02904-2615

(401) 222-3040

REFUSAL OF A UCC RECORD PRESENTED FOR FILING

Date and time the record would have been filed, had it been accepted: 7/2/07

GENERAL

- ☐ The record has not been communicated by a method or medium authorized by this filing office. 9-516(b)(1)
- ☐ An amount at least equal to the filing fee was not submitted. 9-516(b)(2)
- ☐ Filing office is unable to read or decipher the information. 9-516(c)(1)

INITIAL FINANCING STATEMENT

- ☐ Failure to provide the names of the debtor. 9-516(b)(3)(i)
- ☐ Failure to indicate whether the debtor is an individual or an organization. 9-516(b)(5)(ii)
- ☐ If identified as an individual, failure to provide the last name of the debtor. 9-516(b)(3)(iii)
- ☒ If identified as an organization, failure to provide organizational information for the debtor.
  - ☒ a type of organization 9-516(b)(5)(A)
  - ☒ a jurisdiction of organization 9-516(b)(5)(B)
  - ☒ an organization ID# or an indication that the debtor has none 9-516(b)(5)(C)
- ☐ Failure to provide a mailing address of the debtor. 9-516(b)(5)(i)
- ☐ Failure to provide a name for the secured party. 9-516(b)(4)
- ☐ Failure to provide a mailing address for the secured party. 9-516(b)(4)
- ☐ In case of an assignment reflected on an initial financing statement, failure to provide a name for the assignee. 9-516(b)(6)
- ☐ In case of an assignment reflected on an initial financing statement, failure to provide a mailing address for the assignee. 9-516(b)(6)

Comments _____

AMENDMENT OR CORRECTION STATEMENT

- ☐ Failure to identify a file number of an initial financing statement to which it relates. 9-516(b)(3)(ii)(A)
- ☐ Identifies an initial financing statement for which effectiveness has lapse. 9-516(b)(3)(ii)(B)

Continuation

- ☐ Failure to file within the six-month window prior to lapse. 9-516(b)(7)

Assignment

- ☐ Failure to provide a name for the assignee. 9-516(b)(6)
- ☐ Failure to provide a mailing address for the assignee. 9-516(b)(6)

Amendment of Party Information

New Debtor

- ☐ Failure to indicate whether the debtor is an individual or an organization. 9-516(b)(5)(ii)
- ☐ If identified as an individual, failure to provide the last name of the debtor. 9-516(b)(3)(iii)
- ☐ If identified as an organization, failure to provide organizational information for the debtor.
  - ○ a type of organization 9-516(b)(5)(A)
  - ○ a jurisdiction of organization 9-516(b)(5)(B)
  - ○ an organizational ID# or an indication th- debtor has none 9-516(b)(5)(C) . ne debtor.
- ☐ Failure to provide a mailing - ' 9-516(b)(5)(i)

New Secured Par- provide name for the secured party.

- ☐ Fail- 9-516(b)(4)
- ☐ Failure to provide a mailing address for the secured party. 9-516(b)(4)