

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	THE ABOVE S	PACE IS FO	OR FILING OFFICE USI	ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names		•	
1s. ORGANIZATION'S NAME				
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
CONLEY	CATHERINE	LUCILLE		
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
464 GARDINER RD, UNIT 108	RICHMOND	RI	02892	USA
1d. TAX ID#: SSN OR EIN NOT REQUIRED IN RHODE ISLAND DEBTOR 1e. TYPE OF 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	lebtor name (2a or 2b) - do not abbreviate or combin	e names		· · · · · · · · · · · · · · · · · · ·
2a. ORGANIZATION'S NAME	<u> </u>			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS	ату	STATE	POSTAL CODE	COUNTRY
2d. TAX ID# SSN OR EIN	21. JURISDICTION OF ORGANIZATION	2g. ORG	 ANIZATIONAL 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)		
3a. ORGANIZATION'S NAME				
PAWTUCKET CREDIT UNION				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	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: 464 GARDINER RD, UNIT 108, RICHMOND, RI 02892

YEAR: 1996

MAKE: PINEGROVE (MANUFACTURED HOME)

SERIAL# GP41036G400

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

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
 This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum 	[for record] (or recorded) in	the REAL 7. If applicable	TO REQUEST A	SEARCH REPORT	í, FILE A I	UCC11
O ADTIONAL ELLED DECEDENCE DATA						



* U U U	1 A D *	_					
UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and b		Λ					
9. NAME OF FIRST DEBTOR (1a or 1		ATEMEN	JT	1			
9a. ORGANIZATION'S NAME	,						
OR		_					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME, SUFFIX				
CONLEY	CATHERINE		LUCILLE				
10. MISCELLANEOUS:							
			*				
	•						
				THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FU	JLL LEGAL NAME - insert only one nam	ne (11a or 1	l 1b) - do not abbreviate or	combine names			
OR 11b. INDIVIDUAL'S LAST NAME		FIRST	NAME	····	MIDDLE NAME		SUFFIX
i						<u>-</u>	05/11/
11c MAILING ADDRESS		CITY			STATE	POSTALCODE	COUNTRY
		i					
11d TAXID# SSN OR EIN ADD'L INFO R NOT REQUIRED IN ORGANIZATIO		11f. JUI	RISDICTION OF ORGAN	IZATION	11g. OR0	GANIZATIONAL ID#, if ar	ıy
RHODE ISLAND DEBTOR		1		· · · · · · · · · · · · · · · · · · ·	1		NONE
12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P'S	NAME	- insert only one name (1	2a or 12b)			
12b INDIVIDUAL'S LAST NAME		FIRST	NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
12 The Financing of Landson							
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing.	timber to be cut or as-extracted	16. Add	litional collateral description	on:			
14. Description of real estate:							
464 GARDINER RD, UN	JIT 108						
RICHMOND, RI 02892	•11 100						
, 02002							
15. Name and address of a RECORD OWNER of a	bove-described real extate						
(if Debtor does not have a record interest):							
HILLSDALE HOUSING (CO-OP CORP						
465 GARDINER RD RICHMOND, RI 02892		17. Chec	k only if applicable and che	ck only one box.			
			a Trust or Tru		ect to prop	enty held in trust or	Decedent's Estate
•		18, Chec	k only if applicable and che	ck anly one box.		<u></u>	
		Debtor is a TRANSMITTING UTILITY					
		,	in connection with a Manu			-	
		Filed	in connection with a Public	Finance Transaction	1 — effective	30 years	