RI SOS Filing Number: 201920765770 Date: 2/19/2019 12:19:00 PM **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A NAME & PHONE OF CONTACT AT FILER (optional) Patti Cokely 508-828-5343 B E-MAIL CONTACT AT FILER (optional) Patti.Cokely@BCSBmail.com C. SEND ACKNOWLEDGMENT TO (Name and Address) **Bristol County Savings Bank** 29 Broadway Taunton, MA 02780 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1 DEBTOR'S NAME: Provide only one Debtor name (1e or 1b) (use exact, full name, do not omit, modify, or abbreviate enyipert of the Debtor's name), if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here. 🔲 and provide the Individual Deptor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a ORGAN ZATION'S NAME Ruth E. Urquhart, Mortuary, Inc. OR TO IND. VIDUAL'S SURNAME ADDITIONAL NAME(S)/INTTIAL(S) SUFF X FIRST PERSONAL NAME POSTAL CODE COUNTRY 1s MAI, NG ADDRESS STATE 02886 **USA** RI 800-812 Greenwich Avenue Warwick 2 DEBTOR'S NAME Provide only one Debtor name (2s or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here. and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2ª ORGANIZATION'S NAME OR 25 NOIVIDUAL'S SURNAME FIRST PERSONAL NAVE ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 2c VA LING ADDRESS STATE POSTAL CODE COUNTRY 3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE PARTY) Provide only one Secured Party name (3a or 3b) 38 ORGANIZATION'S NAME **Bristol County Savings Bank** OR 36 INCIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/ N TIAL(S) SUFF X POSTAL CODE COUNTRY 3c MAILING ADDRESS CITY STATE 02780 USA Taunton MA 29 Broadway 4 COLLATERAL. This financing statement covers the following collateral

5 Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions). Deing administered by a Decedent's Personal Representative			
68. Check grily f applicable and check grily one box		6b Check <u>only</u> if applicable	and check <u>only</u> one box
Public-Finance Transaction Manufactured-Home Transaction	on A Ceptor is a Transmitting Utility	Agricultural Lien	Non-UCC Fring
7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor	Consignae/Consignor Saller	/Buyer Bailde/Bailor	Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA			
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COLLATERAL

All assets and personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter acquired, including without limitation, the following categories of property as defined in Article 9 of the Uniform Commercial Code: goods (including inventory, equipment, fixtures, farm products and any accessions thereto), instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles (including payment intangibles and software), supporting obligations and any and all records of, accessions to and products and proceeds of the foregoing.

Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the jurisdiction in which this financing statement was signed or authenticated by the Debtor at the time it was so signed or authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which this financing statement is filed, has the meaning to be ascribed thereto with respect to any particular item of property under the more encompassing of the two definitions. This financing statement covers, and is intended to cover, all assets and personal property of the Debtor.