

UCC-3 Form - TERMINATION

Original File Number: **201414159500**

FILER INFORMATION

Full name:

Email Contact at Filer: **JLP@PILGRIMTITLE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **PILGRIM TITLE INSURANCE COMPANY**

Mailing Address: **450 VETERANS MEMORIAL PKWY STE 7A**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

CUSTOMER REFERENCE: #790-RI - LOAN No. 527149:11 - RHODE ISLAND SOS
