

UCC-3 Form - TERMINATION

Original File Number: **201414159690**

FILER INFORMATION

Full name:

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SEND ACKNOWLEDGEMENT TO

Contact name: **PILGRIM TITLE INSURANCE COMPANY**

Mailing Address: **450 VETERANS MEMORIAL PKWY STE 7A, 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: #761-RI; LOAN No. 527151:11 - RHODE ISLAND SOS
