

UCC-1 Form

FILER INFORMATION

Full name: **COURTNEY F MATTSON**

Email Contact at Filer: **CMATTSON@NAVIGANTCU.ORG**

SEND ACKNOWLEDGEMENT TO

Contact name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

DEBTOR INFORMATION

Org. Name: **J. J. DUFFY FUNERAL HOME, INC.**

Mailing Address: **757 MENDON ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: JJ DUFFY

COLLATERAL

CREMATOR PPI-GLOBAL 1PH M3.0 MATTHEWS POWERPAK I SERIAL# M0861024.