

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) :Trunk +49 7561 9884598
B. E-MAIL CONTACT AT FILER (optional) ute.trunk@gmail.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) :Trunk +49 7561 9884598 c/o Bei der Linde 41 Leutkirch im Allgaeu DE 88299

Date of Filing : 08/24/2016
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (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 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S SURNAME TRUNK geb. EIRICH		FIRST PERSONAL NAME UTE	ADDITIONAL NAME(S)/INITIAL(S) ILONA	SUFFIX	
1c. MAILING ADDRESS BEI DER LINDE 41		CITY LEUTKIRCH	STATE	POSTAL CODE 88299	COUNTRY DE

2. DEBTOR'S NAME: Provide only one Debtor name (2a 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					
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME					
OR					
3b. INDIVIDUAL'S SURNAME : Trunk, geb. Eirich		FIRST PERSONAL NAME ute	ADDITIONAL NAME(S)/INITIAL(S) ilona	SUFFIX	
3c. MAILING ADDRESS c/o Bei der Linde 41		CITY Leutkirch im Allgaeu	STATE	POSTAL CODE [88299]	COUNTRY DE

4. COLLATERAL: This financing statement covers the following collateral:

Kommerzielles Sicherungsabkommen Nr. (Commercial Security Agreement No.)
UI 15 10# ### 3DE vom (from) 14.09.2015
Geburtsurkunde, Tauberbischofsheim Nr. (Birth Certificate No.) 240/1967
Geburtsurkunde, akzeptiert für Wert Nr.(Birth Certificate,accepted for value No.)
240/1967 Post Label Code RB 40 ### 558 5DE
BRD Personalausweis Nr.(FRG Identity Card No.) 716#####986D
BRD Reisepass Nr.(FRG Passport No.) 649#####808D
Sozialversicherungsnummer (Social Security Number) 24 1##### E 500
BRD Führerschein Nr.(FRG Drivers License No.) D23###83 /

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative					
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility			6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DATA:					

4. This FINANCING STATEMENT covers the following collateral:

Buchen, Odw.

Heiratsurkunde/Standesamt Reg.Nr.(marriage certificate No.)8/1995,Miltenberg am Main

Steuer ID Nr.(Tax ID No.)7253###191

Willenserklärung mit Lebenderklärung Nr.(Declaration of will with life statement

No.)IAM-WE-uit-1###967 vom (from) 14.09.2015, Post Label Code RB 40 665 545 8DE

Krankenversicherung DAK Nr.(Health insurance No.)3542###5004-1###7143-DAK