		ED SARPY CO.			
		TRUMENT NUMI			
	$\propto \omega$	7- 152 8	<u> </u>	COUNTER	D 05 D
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	r 2007	MAY 25 A 11: 0	9 🖁	VERIFY PROOF	D.E. P
A. NAME & PHONE OF CONTACT AT FILER [optional] SUSAN JOHNSON-MERTZ (402) 391-2110 ext. 1001	Se.	1 CA O Q	1 (d a	FEES \$ 10	.50
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	REG		Z)	CHECK #	14030
Q10 DAISLEY RUFF FINANCIAL	الم الم	STER OF DEE	DS	CHG REFUND	CASHCREDIT
1 440 REGENCY PARKWAY				SHORT	
SUITE 200					
OMAHA, NE 68114					
⁻ L	_	THE ABOVE	SPACE IS	FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # Original File #2002-26869, filed 7/18/02			1b.		MENT AMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement identified above is te	erminated with re	spect to security interest(s) of	X[_	REAL ESTATE RECORI	DS.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to	security interest(s) of the Sec	ured Party a	uthorizing this Continuat	ion Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and add	dress of assigner	in Item 7c; and also give nar	ne of assigno	r in item 9.	
L		ed Party of record. Check or	nly one of the	se two boxes.	
Also check one of the following three boxes and provide appropriate information in item CHANGE name and/or address: Give current record name in item 6a or 6b; also g name (if name change) in item 7a or 7b and/or new address (if address change) in		DELETE name: Give record to be deleted in item 6a or 6t	name	ADD name: Complete i	item 7a or 7b, and also items 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME	THOM 7C.		" .	ntern yo, also complete	toms / g / g (# application).
B.H.I. Investment Company					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDD	LE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDD	LE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STAT	E POSTAL CODE	COUNTRY
				L NOTTILE SUBL	
7d. TAX ID #: S\$N OR EIN ADD/L INFO RE 76. TYPE OF ORGANIZATION DEBTOR	7f. JURISDICTIO	ON OF ORGANIZATION	7g. O	RGANIZATIONAL ID #, i	
8. AMENDMENT (COLLATERAL CHANGE); check only one box.				:	NONE
Describe collateral deleted or added, or give entire estated collateral	description, or o	describe collateral assign	ned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN					
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 9a. ORGANIZATION'S NAME	a Debtor, check	and enter name of	DEBTOR au	thorizing this Amendmer	ıt.
Homesteaders Life Company			•-		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDD	LE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA 5/17/07 - Loan #04Z079 - Filed w/Sarpy County Register	r of Deads				
SITIOI - LOAD #0+20/9 - FIRE W/Sarpy County Register	or Deeds				

JOOT-15285A

UC	C FINANCING STATE	MENT AMENDMI	ENT ADDENDUM
FOL	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY	
11.	INITIAL FINANCING STATEMENT I	ILE # (same as item 1a on Ame	ndment form)
Oı	riginal File #2002-26869, File	ed 7/18/02	
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as	item 9 on Amendment form)
	12a. ORGANIZATION'S NAME		
OR	Homesteaders Life Comp	pany	
Un	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13	Use this space for additional informa	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Legal Description:

Lot 1, Highway Crossing, a Subdivision as surveyed, platted and recorded in Sarpy County, Nebraska, address: 11205 South 150th Street, Omaha, Nebraska, 68138.