

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

NE Sec of State John A Gale - UCC 01



9907539221-9 Pgs: 7  
HRW LAND PARTNERSHIP, A NEBRAS  
Filed: 12/20/2007 12:59 PM

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 8477 RABO AGRIFINANC	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	12967405  NENE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME HRW Land Partnership, a Nebraska Partnership					
OR	1b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS 630 US Highway 6		CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION GEN. PARTNERSHIP	1f. JURISDICTION OF ORGANIZATION NE	1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME Milton				
	FIRST NAME Harvey	MIDDLE NAME N.	SUFFIX		
2c. MAILING ADDRESS 216 6th Street		CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY USA
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME AXA Equitable Life Insurance Company					
OR	3b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS One CityPlace Drive, Suite 200		CITY St. Louis	STATE MO	POSTAL CODE 63141	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All fixtures, water rights, equipment and machinery (excluding, however, automobiles, trucks, tractors, trailers, wheeled vehicles, planting and tillage equipment), watering and irrigation apparatus, pumps, motors, generators, pipes, center pivot irrigators and sprinklers, frost protection apparatus, windmills, fences, fixtures, fittings, appliances, whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds). See attached Exhibit "A"

**SEE ATTACHMENTS**

5. ALTERNATIVE DESIGNATION [if applicable]	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

12967405

HRW Land Partnership

110114

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 29071  
Glendale, CA 91209-9071 Tel (800) 331-3282

539221-9

**FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME HRW Land Partnership, a Nebraska Partnership			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

**12967405-NE-0**  
**8477 RABO AGRIFINANC**  
HRW Land Partnership  
110114

File with: Nebraska

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**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME Milton		FIRST NAME Sandra	MIDDLE NAME K.	SUFFIX	
11c. MAILING ADDRESS 216 6th Street			CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral or is filed as a  fixture filing.

16. Additional collateral description:

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction -- effective 30 years
- Filed in connection with a Public-Finance Transaction -- effective 30 years



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11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME Milton	FIRST NAME Robert	MIDDLE NAME A.	SUFFIX	
11c. MAILING ADDRESS 620 Spring Street		CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

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11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME Milton	FIRST NAME Shirely	MIDDLE NAME K.	SUFFIX	
11c. MAILING ADDRESS 620 Spring Street		CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

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OR

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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

Milton

FIRST NAME

Wayne

MIDDLE NAME

H.

SUFFIX

11c. MAILING ADDRESS

802 Par 3 Drive

CITY

Friend

STATE

NE

POSTAL CODE

68359

COUNTRY

11d. SEE INSTRUCTION

ADD'L INFO RE ORGANIZATION DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

NONE

**12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P's NAME - insert only one name (12a or 12b)**

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OR

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11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME Milton		FIRST NAME Lorraine	MIDDLE NAME C.	SUFFIX	
11c. MAILING ADDRESS 802 Par 3 Drive			CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

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5-1-4-1

**Exhibit "A"**

## Legal Description

That part of the Southwest Quarter of Section 13, Township 8 North, Range 1 East of the 6<sup>th</sup> P.M., Saline County, Nebraska, lying North of the railroad right of way, except a tract described as follows: Commencing at the SW corner of said Southwest Quarter, thence on an assumed bearing of N00°00'00"E and on the West line of said Southwest Quarter, 502.12 feet to the point of beginning; said point also being on the Northerly right of way line of the Burlington Northern Railroad; thence continuing on the aforesaid bearing and on the West line of said Southwest Quarter, 363.0 feet; thence N88°24'00"E 325.0 feet; thence S00°28'52"E, 82.79 feet; thence N87°02'50"E, 205.07 feet; thence S04°13'44"E, 259.94 feet to a point on said Northerly railroad right of way line; thence S85°46'23"W and on said Northerly railroad right of way line 551.03 feet to the point of beginning.

OrderNo: 1