

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

662-4141
8477 RABO AGRIFINANC
12967405 NENE



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. D			insert only one_debtor name (1:	a or 1b) - do not abbreviate or combine nar	nes		
	1a. ORGANIZATION'S I	NAME	112	,			
OR	HRW Land Part	nership, a Neb	raska Partnership				
•••	1b. INDIVIDUAL'S LAST	T NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS US Highway 6		<u>.</u>	CITY Friend	STATE NE	POSTAL CODE 68359	COUNTRY
1d. §	SEE INSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
		ORGANIZATION DEBTOR	GEN. PARTNERSHIP	NE			NONE
2. A	DDITIONAL DEBTOR	'S EXACT FULL LE	EGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate o	or combine na	mes	
	2a. ORGANIZATION'S I	VAME	, m				
OR							
	26. INDIVIDUAL'S LAST Milton	NAME		FIRST NAME Harvey	MIDDLE N.	NAME	SUFFIX
2c. N	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
216	6 6th Street			Friend	NE	68359	USA
2d. <u>§</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. OR0	SANIZATIONAL ID #, if any	
3. S	ECURED PARTY'S N		TOTAL ASSIGNEE of ASSIGNO	l PR S/P) - insert only o <u>ne</u> _ secured party na	me (3a or 3h	· · · · · · · · · · · · · · · · · · ·	
	3a. ORGANIZATION'S I AXA Equitable I	NAME		· · · · · · · · · · · · · · · · · · ·	(66 61 65		
OR	3b. INDIVIDUAL'S LAST	NAME	,	FIRST NAME	MIDDLE	NAME	SUFFIX
	L MAILING ADDRESS e CityPlace Drive	e. Suite 200		CITY St. Louis	STATE	POSTAL CODE 63141	COUNTRY
	nis FINANCING STATEME		ng collateral:		1	1	1

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]	LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum		Check to REQUEST SEARCH RE (ADDITIONAL FEE)	PORT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
12967405	HPW Land Dowle	norobin 11	0114	

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



. NAME OF FIRST DEBTO		RELATE	D FINANCING STATE	MENT	1			
9a. ORGANIZATION'S NAM HRW Land Partne		acka D	artnorchia		1			
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							R FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR 11a. ORGANIZATION'S N		LEGAL N	AME - insert only one	name (11a or 11b) - do no	t abbreviate or com	bine names		
11b. INDIVIDUAL'S LAST	NAME		***************************************	FIRST NAME	, the constant	MIDDLE	NAME	SUFFIX
Milton				Sandra		K.		
1c. MAILING ADDRESS 216 6th Street				Friend		STATE	POSTAL CODE 68359	COUNTRY
1d. SEE INSTRUCTION	ADD'L INFO RE	11A TVP	E OF ORGANIZATION	11f. JURISDICTION OF OR	PGANIZATION		GANIZATIONAL ID #, if	anv
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	DEBTOR							NONE
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12a. ORGANIZATION'S N	AME							
12b. INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEME		nber to be	cut or as-extracted	1 16. Additional collateral de	escription:		•	
collateral or is filed as a	fixture filing.							
4. Description of real estate:								
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5. Name and address of a REG	ORD OWNER of al	bove-desci	ribed real estate					
(if Debtor does not have a								
				17. Check only if applicable	and check only one l	oox.		
				Debtor is a Trust or	Trustee acting with	respect to prop	erty held in trust or	Decedent's Estate
				18. Check only if applicable	and check only one i	oox.		
				Debtor is a TRANSMIT				
				Filed in connection wit	h a Manufactured-Hor	ne Transaction	effective 30 years	
				<u> </u>				

) ON RELATED FINANCING STAT	EMENT	1		
9a. ORGANIZATION'S NAME HRW Land Partnership, a N	Johracka Dartnershin				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	I			
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445 INDRADUALIO A CONTRADO					
11b. INDIVIDUAL'S LAST NAME Milton		Robert		MIDDLE NAME A.	SUFFIX
c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
620 Spring Street		Friend	i i	NE 68359	000,1111
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12a. ORGANIZATION'S NAME	THE SE MOSIGNON ON S	TV-IVIE - Inscreonly one harrie	5 (128 OF 12D)		******
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
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NAME OF FIRST DEBTOR (1a or 1b) ON RELATED	FINANCING STATEME	ENT .				
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9b. INDIVIDUAL'S LAST NAME FIRST NA		MIDDLE NAME, SUFFIX				
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11b. INDIVIDUAL'S LAST NAME Milton		FIRST NAME Shirely		MIDDLE K.	NAME	SUFFIX
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
620 Spring Street	.:	Friend		NE	68359	<u> </u>
1d. SEE INSTRUCTION ADD'L INFO RE 11e. TYPE ORGANIZATION	OF ORGANIZATION	11f. JURISDICTION OF ORG	ANIZATION	11g. OR	GANIZATIONAL ID#, if a	my
DEBTOR			· · · · · · · · · · · · · · · · · · ·			NONE
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12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
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		17. Check <u>only</u> if applicable a	nd check <u>only</u> one box.			
			nd check <u>only</u> one box. Trustee acting with respo	ect to prop	erty held in trust or	Decedent's Estate
Name and address of a RECORD OWNER of above-describ (if Debtor does not have a record interest):			Trustee acting with response	ect to prop	erty held in trust or	Decedent's Estate
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	NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCI	NG STATEM	ENT				
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•	11b. INDIVIDUAL'S LAST NAME Milton			FIRST NAME		MIDDLE	NAME	SUFFIX
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1	: MAILING ADDRESS 802 Par 3 Drive			Friend		STATE NE	POSTAL CODE 68359	COUNTRY
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	ORGANIZATI DEBTOR					1.3.51		NONE.
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	12a. ONGANIZATION 3 NAME							
₹	12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
2	c. MAILING ADDRESS			CITY	•	STATE	POSTAL CODE	COUNTRY
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	collateral or is filed as a fixture filing	g						
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	(if Debtor does not have a record interest)							
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				18. Check only if applicable a	nd check <u>only</u> one bo	ζ.		
				Debtor is a TRANSMITT	NG UTILITY			
				Filed in connection with a	Manufactured-Home	Transaction	effective 30 years	

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9a. ORGANIZATION'S NAME					1			
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90. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME, SUFFIX				
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1c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
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	LINFO RE ANIZATION	11e. TYPE OF ORGANIZ	ATION	11f. JURISDICTION OF OR	BANIZATION	11g. OR	GANIZATIONAL ID#, i	fany
DEBT								NONE
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5.124

Exhibit "A"

Legal Description

That part of the Southwest Quarter of Section 13, Township 8 North, Range 1 East of the 6th 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