JCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) C. A. NAME & PHONE OF CONTACT AT FILER B. SEND ACKNOWLEDGMENT TO: (Name	AREFULLY	TITLECORE - TITLE	20	AZ NOV 13 U	5.50.00 AIV	
B. SEND ACKNOWLEDGMENT TO: (Name		1		2012 Nov 13 09:36:06 AM		
American National Bank 8990 W Dodge Road Omaha, NE 68114	· · · · · · · · · · · · · · · · · · ·	REGISTER OF DEEDS				
		THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY	
. DEBTOR'S EXACT FULL LEGAL NAME	- insert only <u>one</u> debtor name (1a o					
1a. ORGANIZATION'S NAME M&R Investments						
1b. INDIVIDUAL'S LAST NAME			MIDDLE NAME		SUFFIX	
Ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
d. SEE INSTRUCTIONS ADD'L INFO RE 1	1e. TYPE OF ORGANIZATION	Omaha 1f. JURISDICTION OF ORGANIZATION	NE 1a, ORG	68102 ANIZATIONAL ID #, if any	USA	
OPCANIZATION	Partnership	NE	1 -		иои 🔀	
2. ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME - insert only one de	A btor name (2a or 2b) - do not abbreviate or comb	ine names		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
2a. ORGANIZATION'S NAME Marcia Dwyer, Trustee of the Mar	rcia Dwyer Revocable Tru	st				
2b. INDIVIDUAL'S LAST NAME	Total Divyer Nevocable 110	FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS		Omaha	STATE	POSTAL CODE 68102	COUNTRY	
	44 Riverfront Plaza, #1401 SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION			ANIZATIONAL ID #, if any	USA	
ORGANIZATION DEBTOR	Trust	NE .	1		MON X	
SECURED PARTY'S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S	6/P) - insert only one secured party name (3a or 3	Bb)			
3a. ORGANIZATION'S NAME American National Bank						
P		FIRST NAME	MIDDLE	NAME	SUFFIX	
c. MAILING ADDRESS	City	STATE	POSTAL CODE	COUNTRY		
	on collateral:	Omana	INE	08114	USA	
8990 W Dodge Road I. This FINANCING STATEMENT covers the followin All Fixtures; whether any of the foreg to any of the foregoing; all records of insurance, general intangibles and acc	going is owned now or acc f any kind relating to any o					

	1b) ON RELATED FINANCING STATE	TEMENT				
a. ORGANIZATION'S NAME			*			
M&R Investments						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
/ISCELLANEOUS:						
IDDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only <u>one</u> r			IS FOR FILING OFFIC	CE USE ONLY	
1a. ORGANIZATION'S NAME						
b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		11f. JURISDICTION OF ORGANIZATI	ON 11g. OR	11g. ORGANIZATIONAL ID #, if any		
ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or	12b)		INO	
2a. ORGANIZATION'S NAME	THE SELECTION OF C	, 11, 11, 12	,			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
his FINANCING STATEMENT covers collateral, or is filed as a fixture filing escription of real estate:		16. Additional collateral description:	`- <u>;</u>			
cel A: Lot 253, Val Verde /ista, Sarpy County, Nebrask			1			
cel B: A permanent easeme forth in document filed June 03-29930, records of Sarpy North 30 feet of Lot 254, a 0-253, together with a 69.58	nt for ingress and egress as a 3, 2003 at Instrument No. County, Nebraska, across long the South edge of Lots foot strip of Lot 254, lying the East 25 feet of Lot 254					
provide for access to 96th dition to the City of LaVista, 9						
provide for access to 96th dition to the City of LaVista, start and address of a RECORD OWNER lebtor does not have a record interest):	Sarpy County, Nebraska.					
provide for access to 96th dition to the City of LaVista, state of the City of the C	Sarpy County, Nebraska.	17. Check only if applicable and check Debtor is a Trust or Trustee		poerty held in trust or F	Decedent's Esta	