



UCC 2011072256



AUG 25 2011 12:35 P 6

Fee amount: 12.00
FB: 25-36790
COMP: AH

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
08/25/2011 12:35:51.00



2011072256

THE ABOVE SPACE IS RESERVED FOR THE REGISTER OF DEEDS RECORDING INFORMATION

DEATH CERTIFICATE COVER SHEET

LEGAL DESCRIPTION _____

LOT(S): _____

BLOCK: _____

ADDITION: _____

UCC COVER SHEET

UCC (NEW, CONTINUATION, ASSIGNMENT, AMENDMENT, CORRECTION)

RELEASE OF UCC

TERMINATION OF UCC

ATTACHMENTS -QTY. _____

-41-

10-112320

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) RICK SHERMAN - (314) 889-0670
B. SEND ACKNOWLEDGMENT TO: (Name and Address) GERSHMAN INVESTMENT CORP. 7 NORTH BEMISTON CLAYTON, MO 63105

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 ST. JOSEPH TOWER, L.L.C.					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 2205 S. 10TH STREET		CITY OMAHA	STATE NE	POSTAL CODE 68108	COUNTRY USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION NEBRASKA	1g. ORGANIZATIONAL ID #, if any 10141475 <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		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	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 GERSHMAN INVESTMENT CORP.					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 7 NORTH BEMISTON		CITY CLAYTON	STATE MO	POSTAL CODE 63105	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

THE COLLATERAL DESCRIBED ON EXHIBIT "B" ATTACHED HERETO WITH RESPECT TO THE REAL PROPERTY DESCRIBED ON EXHIBIT "A" ATTACHED HERETO.

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

8. OPTIONAL FILER REFERENCE DATA
Office of Register of Deeds, Douglas County, Nebraska

UCC 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 ST. JOSEPH TOWER, L.L.C.			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN	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 org name (12a or 12b)

12a. ORGANIZATION'S NAME Secretary of Housing and Urban Development, Office of Healthcare Programs, U.S. Department of Housing & Urban Development, their successors and assigns, as their interests may appear					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS 451 7th Street SW, Room 6264		CITY Washington	STATE DC	POSTAL CODE 20410	COUNTRY USA

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.
14. Description of real estate:

16. Additional collateral description:

See Exhibit A attached hereto

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

Debtor is the RECORD OWNER

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

EXHIBIT "A"
TO THE UCC FINANCING STATEMENT

REAL PROPERTY

The land referred to herein is situated in the City of Omaha, Douglas County, Nebraska, and is described as follows:

Unit 2, St. Joseph High Rise Condominium Property Regime, a condominium regime organized under the laws of the State of Nebraska, in the City of Omaha, Douglas County, Nebraska, pursuant to Master Deed and Declaration of Covenants, Conditions and Restrictions and Reservation of Easements dated August 14, 1988, and recorded October 19, 1998, in Book 2104 at Page 216 of the Deed Records of Douglas County, Nebraska, and as Amended by First Amendment to the Master Deed and Declaration of Covenants, Conditions and Restrictions and Reservation of Easements, dated June 1, 1999, and recorded July 13, 1999, at Book 1300, page 150 of the Miscellaneous Records of Douglas County, Nebraska.

COMMONLY KNOWN AS: 2205 S. 10th St., Omaha, Nebraska 68108

PARCEL ID#: 2245150684

EXHIBIT "B"
TO THE UCC FINANCING STATEMENT

DESCRIPTION OF COLLATERAL

This Financing Statement covers the following types (or items) of Property, whether now owned or hereafter from time to time acquired by the Debtor, together with all substitutions, replacements, additional, attachments, accessories, accretions, their component parts thereto or thereof, and all other items of like property covering or related to any or all:

All of the accounts, as-extracted collateral, chattel papers, commercial tort claims, goods, investment property, payment intangibles, personalty, and promissory notes, whether now owned or hereafter from time to time acquired by the Debtor, together with all substitutions, replacements, additions, attachments, accessories, accretions, their component parts thereto or thereof, all other items of like property, all contract rights, and proceeds thereof, including cash proceeds, noncash proceeds, and the right to collect such proceeds, covering or relating to any or all thereof, whether now in existence or hereafter arising, and relating to, situated or located on, or used or usable in connection with, the operation of St. Joseph Tower Apartments, HUD Project No. 104-43053 (hereinafter referred to as the "Project"), located at 2205 South 10th Street in the City of Omaha, Douglas County, Nebraska, and more particularly described in Exhibit "A" attached hereto. The accounts, as-extracted collateral, chattel papers, commercial tort claims, goods, investment property, payment intangibles, personalty, and promissory notes include, but are not limited to: deposit accounts; health-care insurance receivables; tangible chattel paper; electronic chattel paper; equipment; fixtures; inventory; general intangibles; software; oil, gas, and other minerals; commodity accounts; commodity contracts; securities; securities accounts; letter-of-credit rights; instruments; machinery; medical equipment and systems; engines; boilers; incinerators; installed building materials; systems and equipment for the purpose of supplying or distributing heating, cooling, electricity, gas, water, air, or light; antennas, cable, wiring, and conduits used to carry electronic signals or in connection with radio, television, computers, computer equipment, medical systems, or security, fire prevention, fire detection, or telephone systems; telephone equipment; elevators and related machinery and equipment; fire detection, prevention, and extinguishing systems and apparatus; security and access control systems and apparatus; plumbing systems; water heaters; ranges, stoves, microwave ovens, refrigerators, dishwashers, garbage disposals, washers, dryers, and other appliances; light fixtures; awnings; storm windows; storm doors; pictures; screens; blinds; shades; curtains; curtain rods; mirrors; cabinets; paneling; rugs; floor coverings; wall coverings; fences; trees; plants; swimming pools; tennis courts; playground equipment; exercise equipment; classroom furnishings; classroom equipment; supplies; tools; books; written records; electronic records; tangible and electronically stored personal property; surveys, plans, specifications, and contracts for architectural, engineering, or construction services; choses in action; all governmental permits relating to any activities on the land; cash; cash escrow funds; sinking fund accounts; depreciation reserve fund accounts; mortgage reserve funds accounts; reserve for replacement accounts; bank accounts; residual receipt accounts; contributions; donations; gifts; grants; bequests; endowment funds; revenues; accounts

receivable; receipts; proceeds paid or to be paid by an insurer including (but not limited to) any insurer of the project or any collateral covered by this agreement whether or not such insurance was required by HUD or the mortgagee; awards, payments, and compensation made or to be made by any governmental authority; leases; earnings; royalties; supporting obligations; undisbursed proceeds of the capital advance or HUD-insured loan; refunds and rebates (including, but not limited to, refunds and rebates for taxes, insurance, and other charges); tenant security deposits; rents; issues; profits; and income. The accounts, as-extracted collateral, chattel papers, commercial tort claims, goods, investment property, payment intangibles, personalty, and promissory notes also include, but are not limited to, all tangible and intangible personal property used for health care and systems, licenses, bed authorities, payments from health care insurers, payments from assistance providers, and equipment leases, Assisted Living Facility Operating License, and any Medicaid/Medicare Provider Agreement (PA) granted by the Nebraska Department of Health & Human Services.