



LDC 2007043072



APR 18 2007 13:11 P 3

Received - DIANE L. BATTIATO  
Register of Deeds, Douglas County, NE  
4/18/2007 13:11:43.59



2007043072

THE ABOVE SPACE IS FOR REGISTER OF DEEDS RECORDING DATA

U.C.C. Recording Cover Sheet

|                                       |                            |                          |
|---------------------------------------|----------------------------|--------------------------|
| _____ U.C.C. _____                    | FEE <u>10<sup>50</sup></u> | FB <u>16-06540</u>       |
| _____ <u>3</u> _____ PGS.             | BKPG _____                 | C/O _____ COMP <u>MB</u> |
| _____ <u>1</u> _____ ATTACHMENTS      | DEL _____                  | SCAN _____ FV _____      |
| _____ <u>10</u> _____ LOTS / SECTIONS |                            |                          |

Legal Description:  
(If not contained in instrument)

Return to:

**SPENCE TITLE SERVICES, INC.**  
**1905 HARNEY STREET SUITE 210**  
**OMAHA, NEBRASKA 68102**

#16 TA-52138

Check Number  
\_\_\_\_\_

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>Sandra K. Sauter 800-854-4004 ext. 6518</b>  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Sandra K. Sauter<br/>Lutheran Church Extension<br/>Fund-Missouri Synod<br/>Sunset Corporate Center<br/>10733 Sunset Office Drive<br/>St. Louis, Missouri 63127-1219</b> |

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<br><b>The Lutheran Home</b> |                                   |  |   |   |
| OR  |                                   |  |   |   |
| 1b. INDIVIDUAL'S LAST NAME                          |                                   | FIRST NAME   | MIDDLE NAME   | SUFFIX  |
| 1c. MAILING ADDRESS<br><b>530 S. 26th Street</b>    |                                   |  | CITY<br><b>Omaha</b>                                | STATE<br><b>NE</b> POSTAL CODE<br><b>68105</b> COUNTRY                      |
| 1d. <u>SEE INSTRUCTIONS</u>                         | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br><b>Nonprofit Corp.</b> | 1f. JURISDICTION OF ORGANIZATION<br><b>Nebraska</b> | 1g. ORGANIZATIONAL ID #, if any<br><input checked="" 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. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><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<br><b>Lutheran Church Extension Fund-Missouri Synod</b> |  |            |                          |   |
| OR  |  |            |                          |   |
| 3b. INDIVIDUAL'S LAST NAME  |  | FIRST NAME | MIDDLE NAME              | SUFFIX  |
| 3c. MAILING ADDRESS<br><b>10733 Sunset Office Drive</b>                         |  |            | CITY<br><b>St. Louis</b> | STATE<br><b>MO</b> POSTAL CODE<br><b>63127-1219</b> COUNTRY |

4. This FINANCING STATEMENT covers the following collateral:

All of Debtor's assets including, wherever located and whenever acquired, including, but not limited to, accounts, as-extracted collateral, chattel paper (including tangible and electronic chattel paper), documents, deposit accounts, equipment, farm products, fixtures, furniture, general intangibles, goods, health-care insurance receivables, instruments, inventory, investment property (including both certificated and uncertificated securities, security entitlements, securities accounts, commodity contracts and commodity accounts), letters-of-credit, letter of credit rights, money, payment intangibles, promissory notes, software, supporting obligations, and proceeds (including cash and noncash proceeds).

|   |  |                     |               |              |          |                |
|---|--|---------------------|---------------|--------------|----------|----------------|
| 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 (for 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  |  |                     |               |              |          |                |

# 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  |                            |                     |
| <b>The Lutheran Home</b> |                            |                     |
| OR                       | 9b. INDIVIDUAL'S LAST NAME |                     |
|                          | FIRST NAME                 | MIDDLE NAME, SUFFIX |

10. MISCELLANEOUS:

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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       |                           | FIRST NAME                        | MIDDLE NAME                      | SUFFIX      |         |
| 11c. MAILING ADDRESS     |                                   |                           | CITY                              | STATE                            | POSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTIONS    | 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.

14. Description of real estate:

**The South 1/2 of Lot 1 and all of Lots 2, 3, 4, 5, 6, 7, and the North 48 feet of Lot 8, and all of Lots 27 and 28, all in CLARKE'S ST. MARY'S AVENUE ADDITION, an Addition to the City of Omaha, as surveyed, platted and recorded in Douglas County, Nebraska,**

**LESS AND EXCEPTING THEREFROM, the West 55 feet of the South 40 feet of Lot 28, in CLARKE'S ST. MARY'S AVENUE ADDITION, an Addition to the City of Omaha, as surveyed, platted and recorded in Douglas County, Nebraska.**

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

16. Additional collateral description:

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