



Fee amount: 11.00 FB: 49-03620 COMP: SB



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

825551

**DEATH CERTIFICATE COVER SHEET** 

LEGAL DESCRIPTION	
LOT(S)	
BLOCK	
ADDITION	
UCC COVER SHEET	
UCC (NEW, CONTINUATION, ASSIGN	IMENT, AMENDMENT, CORRECTION)
RELEASE OF UCC	
☐ TERMINATION OF UCC	
ATTACHMENTS -QTY	<u> </u>

UCC FINANCING STATEMENT AMENDMENT  FOLION NS PRUCHOMS  A NAMES PHOTO CONTACT AT FILER (optional)  SARA NEWBERRY 102-939-1788 822551 DOUGLAS  E PARKING NAME AN HIGH ANN ANN COM  SEND ACCORDING THE FILE PROBLEM TO Plant and Address)  AMERICAN NA TIONAL BAN  ATTH SARA NEWBERRY 329 N 90TH STREET  OMAIHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA NEW SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA OF SPACE IS FOR FILING OFFICE USE ONLY 129 NOTH STREET  OMAIHA OFFICE USE ONLY 12												
FOLLOW MISTERCETIONS  NAME A PROMOBER OF CONTACT AT FILER (aground)  SARA NEWBERRY (92-999-4788 825551 DOUGLAS  SEMM_CONTACT AT FILER (aground)  SEWBERRY (9ANBANK.COM  C SERV A CHYCOLOGUE TO (Name and Address)  AMERICAN NATIONAL BANK ATTYN SARA NEWBERRY  383 N SPITI STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  14 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  15 INTIAL FINANCING STATISHEN FILE NAMEUR  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE DNLY  2005027835  THE ABOVE S												
FOLLOW MISTERCETIONS  NAME A PROMOBER OF CONTACT AT FILER (reported)  SARA NEWBERRY (20-999-4788 82555) DOUGLAS  SEMM CONTACT AT FILER (reported)  SEMM CONTACT AT FILER (reported)  SEWBERRY (20-999-4788 82555) DOUGLAS  SEWBERRY (20-80) AND ACKNOWLEDGINESTY TO (Name and Address)  AMERICAN NATIONAL BANK ATTYN SARA NEWBERRY 2839 N 9911 STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  14 INTIAL FINANCING STATEMENT PILE NAMEER  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  15 INTIAL FINANCING STATEMENT PILE NAMEER  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  15 INTIAL FINANCING STATEMENT PILE NAMEER  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  15 INTIAL FINANCING STATEMENT PILE NAMEER  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  16 INTIAL FINANCING STATEMENT PILE NAMEER  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  16 INTIAL FINANCING STATEMENT PILE NAMEER  2005027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  16 INTIAL FINANCING STATEMENT PILE NAMEER  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  17 INTIAL FINANCING STATEMENT PILE NAMEER  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  18 INTIAL FINANCING STATEMENT PILE NAMEER  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  19 INTIAL FINANCING STATEMENT PILE NAMEER  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  20050027835  THE												
MAIR E PROME OF CONTROL AST AT RUSH (agroup)		IT										
SARA NEWBERRY (@2499-4788 \$25551 DOUGLAS  B EMAL CONTOC TAT FILER (CONTOCAL)  SEND ACCHOMILEDIMENT TO (Name and Address)  AMERICAN NATIONAL BANK ATTN SARA NEWBERRY 229 N 901H STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  18 INITIAL FIRMACHIS STATEMENT FILE NUMBER 229 N 901H STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  19 INITIAL FIRMACHIS STATEMENT FILE NUMBER 229 N 901H STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  19 INITIAL FIRMACHIS STATEMENT FILE NUMBER 229 N 901H STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10 INITIAL FIRMACHIS STATEMENT FILE NUMBER (10 INITIAL STATEMENT AMENUMENT IS NO INITIAL STATEMENT AMENUMENT IS NO INITIAL STATEMENT AMENUMENT IS NO INITIAL STATEMENT AMENUMENT IN THE REAL ESTATE RECORDS  SENTING THE CONTROL OF THE CONTROL OF THE PROPERTY OF THE STATEMENT OF THE STATEMENT OF THE PROPERTY OF THE STATEMENT OF THE STATEMENT OF THE PROPERTY OF THE STATEMENT OF T			7									
SNEWBERRY @ANBANK.COM  SNID ACKNOWLEDGMENT TO (name and Address)  AMERICAN NATIONAL BANK ATTN SARA NEWBERRY 2829 N 90TH STREET  OMAHA NE 68134  THE ABOVE SPACE IS FOR PILING OFFICE USE ONLY  Is INITIAL PRIMICING STATEMENT FILE NUMBER  2005027835  THE ABOVE SPACE IS FOR PILING OFFICE USE ONLY  Is INITIAL PRIMICING STATEMENT FILE NUMBER  2005027835  THE ABOVE SPACE IS FOR PILING OFFICE USE ONLY  Is INITIAL PRIMICING STATEMENT FILE NUMBER  2005027835  THE ABOVE SPACE IS FOR PILING OFFICE USE ONLY  Is INITIAL PRIMICING STATEMENT FILE NUMBER  2005040678 on the Financing Statement demonstrated above to terminate with respect to the security interestics of Secured Party authorizing this Termination Statement of Statement of Assigner in term 78 or 70 and address of Assigner in term 78 or 70 and Assigner in term 78 o		<b>LAS</b>										
E. SEND ACKNOWLEDGMENT TO (Name and Address)  AMERICAN NATIONAL BANK ATTIN SARA NEWBERRY 229 N 90TH STREET OMAHANE 68134  In INITIAL PRINACING STATEMENT FILE NUMBER 2005027835  10			1									
AMERICAN NATIONAL BANK ATTN SARA NEWBERRY 329 N 90TH STREET OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a INITIAL FINANCING STATEMENT FILE NUMBER 2005027835  IT FINANCING STATEMENT FILE NUMBER STATEMENT AND STATEMENT AND STATEMENT FILE NUMBER STATEMENT AND STATEMENT			-									
ATTN SARA NEWBERRY 232 N 99TH STREET OMAHA NE 68134  10	\ <u>-</u>		1									
22 9 N 90TH STREET OMAHA NE 68134  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a INITIAL FRANCING STATEMENT FILE NUMBER 200502783.5  The Financing of Provided Statement (and the provided Statement) (and the provided	1 1	1	1									
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  13. INITIAL FINANCING STATEMENT FILE NUMBER 2005027835    The Minimum Annual Continum Annual Co	2829 N 90TH STREET			•								
TO	OMAHA NE 68134	1										
2. TERMINATION Effectiveness of the Financing Statement identified above is term halted with respect to the security interestics of Secured Party authorizing this Termination Statement assignment. Order terms 7 and 3 and page in item 7 at 7 and address of Assignment in the 8 at 7 and address of Assignment in the 8 at 7 and address of Assignment in the 8 at 7 and address of Assignment in the 8 at 7 and address of Assignment in the 8 at 8 a	∟		THE ABO	VE SPA	CE IS FO	R FILING	OFFICE US	SE OI	NLY			
2 TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3 ASSIGNMENT (full or partial). Provide name of Assignee in item 7 a or 75 and address of Assignee in item 7 and pand also indicate affected collateral in item 8.  4 CONTINUATION. Effectiveness of the Financing Statement deathed above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional penind provided by applicable law.  5 PARTY INFORMATION CHANGE Check again of these three brokess.  6 AND Check again of these three brokess.  7 Change affects   Debtor or   Secured Party of record   Secured Party of record   Secured Party of the development of the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional penind provided by applicable law.  6 CORRENT RECORD INFORMATION Consider to Party information Change - provide only gain name (5a or 6b).  6 CURRENT RECORD INFORMATION. Consider to Party information Change - provide only gain name (5a or 6b).  6 INDIVIDUALS SURNAME  PANCHAL ENTERPRISES, INC.  7 CHANGED OR ADDED INFORMATION. Consider to Party information Change - provide only gain name (5a or 10) (and an an an animal modify or subtrivial any gain of the Debtor is sainly from the party of the p						This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS						
For partial assignment, complete items 7 and 9 and 30 and 30 and 30 indicate affected collisional in item 8  4		ve is terminated v										
4 CONTINUATION Effectiveness of the Financing Statement Identified above with respect to the security interestics) of Secured Party authorizing this Continuation Statement is continued for the additional period privided by applicable law    PARTY INFORMATION CHANGE	Transfer and Entry (rain or partial) Transactions of reasignee in item rates			nd name o	f Assignor	ın item 9						
Continued for the additional period provided by applicable law    S				s) of Sec	ured Party	authorizin	a this Continu	uation	Statement is			
Check gag of these two boxes  AND Check gag of these two boxes  This Change affects			, , , , , , , , , , , , , , , , , , , ,									
ADDITIONAL COMPIDER   Secured Party of record   CHANGE name and/or address Compilete   ADDITIONAL COMPIDER   DELETE name   Give record name   time field on 50 and and term for 50 and and term for 50 and and term for 50 a						-						
6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only gog name (6a or 6b)  5s ORGANIZATION S NAME  PANCHAL ENTERPRISES, INC  OR  6b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  AMERICAN NATIONAL BANK  FIRST PERSONAL NAME  AMERICAN NATIONAL BANK  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIALIS)  SUFFIX	Check one of these two boxes CHAI	NGE name and/or	address Complete	ADD nam	ne Comple	te item						
PANCHAL ENTERPRISES, INC    PANCHAL ENTERPRISES, INC	6 CURRENT RECORD INFORMATION Complete for Party Information Chair				F-1F	_						
BE INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only sag name (7a or 7b) (use exact, full name do not one) or abbreviate any part of the Debtor's name)  7a ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  7c MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE  Also check one of these four boxes  ADD collateral  DELETE contrateral  RESTATE covered collateral  ASSIGN collateral  Indicate collateral  Postal covered collateral  ASSIGN collateral  Postal covered collateral  Postal covered collateral  ASSIGN collateral  Postal covered collateral  Postal covered collateral  Postal covered collateral  ASSIGN collateral  Postal covered collateral  Postal covered collateral  Postal covered collateral  Postal covered collateral  ASSIGN collateral  Postal covered collateral  Po												
OR 76 INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  70 MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral  Indicate collateral  9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	001	FIRST PERSON	PERSONAL NAME ADDITIONAL NAME(S)/				(S)/INITIAL(S		SUFFIX			
OR 76 INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  70 MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral  Indicate collateral  9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX												
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral Indicate collateral  9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATIONS NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		ition Change - provide	only <u>one</u> name (7a or 7b) (use	exact, full na	me do not on	nit modify or	abbreviate any p	oart of th	e Debtor's name)			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral  9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION'S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OR 75 INDIVIDUALS SURNAME											
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral  9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION'S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX												
7c MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral Indicate collateral  POSTAL CODE  RESTATE covered collateral  ASSIGN collateral  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION'S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	INDIVIDUAL'S FIRST PERSONAL NAME		-					_				
7c MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral Indicate collateral  POSTAL CODE  RESTATE covered collateral  ASSIGN collateral  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION'S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX			
8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral  9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATIONS NAME  AMERICAN NATIONAL BANK  9b INDIVIDUALS SURNAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX												
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATIONS NAME  AMERICAN NATIONAL BANK  OR  9b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	7c MAILING ADDRESS	CITY	-		STATE	POSTAL	CODE		COUNTRY			
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATIONS NAME  AMERICAN NATIONAL BANK  OR  9b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX						ļ		<del></del>				
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor  9a ORGANIZATION'S NAME  AMERICAN NATIONAL BANK  9b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		D collateral	DELETE collateral	L_J F	RESTATE o	overed co	llateral [	] AS	SIGN collateral			
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor    9a ORGANIZATION'S NAME     AMERICAN NATIONAL BANK     9b INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX	indicate contains											
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor    9a ORGANIZATION'S NAME     AMERICAN NATIONAL BANK     9b INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX												
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor    9a ORGANIZATION'S NAME     AMERICAN NATIONAL BANK     9b INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX								,				
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor    9a ORGANIZATION'S NAME     AMERICAN NATIONAL BANK     9b INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX												
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor    9a ORGANIZATION'S NAME     AMERICAN NATIONAL BANK     9b INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX												
OR SAMERICAN NATIONAL BANK  9b INDIVIDUALS SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				la or 9b) (r	name of As	signor if th	nis is an Assig	nment	)			
96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		name of authorizi	ng Debior	<del></del>								
30 INDIVIDUAL S SURNAME ADDITIONAL NAME ADDITIONAL NAME(S)/INTITAL(S) SUFFIX	OB L											
10 OPTIONAL FILER REFERENCE DATA	95 INDIVIDUAL S SURNAME	FIRST PERSOI	NAL NAME		ADDITIO	NAL NAM	(S)/INITIAL(S	5)	SUFFIX			
	10 OPTIONAL FILER REFERENCE DATA				1	-						

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS** 11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 200502783512 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form 12a ORGANIZATION'S NAME AMERICAN NATIONAL BANK 12b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13) Provide only one Debtor name (13a or 13b) (use exact full name, do not omit modify, or abbreviate any part of the Debtor's name) see Instructions if name does not fit 13a ORGANIZATION'S NAME PANCHAL ENTERPRISES, INC 13b INDIVIDUALS SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14 ADDITIONAL SPACE FOR ITEM 8 (Collateral) 15 This FINANCING STATEMENT AMENDMENT 17 Description of real estate covers timber to be cut covers as-extracted collateral I is filed as a fixture filing SEE ATTACHED EXHIBIT 16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)

18 MISCELLANEOUS

## **EXHIBIT A**

Lots 4, 5 and the West 10.00 feet of Lot 1 and the West 10 feet of the North 150 feet of Lot 2, Block 3, Beverly Hills, an Addition to the City of Omaha, as surveyed, platted and recorded in Douglas County, Nebraska, except the North 189 feet thereof, being more particularly described as follows:

Beginning at the Southwest corner of said Lot 5, thence North 00°00'00" East, along the West line of said Lot 5, a distance of 170.19 feet; thence North 89°40'41" East along a line lying 189.00 feet South of and parallel to the North line of said Lots 1, 4, and 5, a distance of 227 37 feet, thence South 00°02'58" East, a distance of 161 07 feet; thence North 88°38'39" West, a distance of 9.37 feet, thence South 00°17'32" West, along the East line of said Lot 4, a distance of 127.95 feet, thence North 61°39'13" West, along the South line of Lots 4 and 5, a distance of 247.12 feet to the point of beginning.