

BOARD OF COUNTY COMMISSIONERS
SARPY COUNTY, NEBRASKA
RESOLUTION AUTHORIZING CHAIRMAN TO SIGN RELEASE OF ASSIGNMENTS
FOR LIFE INSURANCE POLICIES

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6) (Reissue 2007), the County has the power to do all acts in relation to the concerns of the county necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. §23-103 (Reissue 2007), the powers of the County as a body are exercised by the County Board; and,

WHEREAS, the Sarpy County Board of Commissioners had previously entered into a Loan Agreement and other related documents on November 13, 2001 with Superior Metal Products, Inc.; and,

WHEREAS, upon repayment of the loan, Sarpy County had released assignments for life insurance policies that had secured said loans as requested by Superior Metal Products, Inc.; and,

WHEREAS, said releases were in error.

NOW, THEREFORE, BE IT RESOLVED BY THE SARPY COUNTY BOARD OF COMMISSIONERS THAT the Chairman is hereby authorized to sign the Loan or Withdrawal Request to Pacific Life Insurance, a copy of which is attached hereto.

DATED this 10th day of March, 2009.

Moved by Rich Janan, seconded by Rusty Hiko, that the above Resolution be adopted. Carried.

YEAS:

NAYS:

ABSENT:

<u>[Signature]</u>	<u>none</u>	<u>none</u>
<u>[Signature]</u>	_____	_____
<u>[Signature]</u>	_____	ABSTAIN:
<u>[Signature]</u>	_____	<u>none</u>
<u>[Signature]</u>	_____	_____



County Clerk

Approved as to form:

[Signature]
Deputy County Attorney

ROA

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center

P.O. Box 6390
Newport Beach, CA 92658-6390
(800) 347-7767

P.O. Box 2030
Omaha, NE 68103-2030
(800) 347-7767



PACIFIC LIFE

REQUEST TO RELEASE AN ASSIGNMENT

Insured's Name: First MI Last NORMAN L. STOKES	Date of Original Assignment 11-14-01	Policy Number 1A22730590
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1 SIGNATURES

I authorize Pacific Life to make these changes, subject to the policy provisions, on the policy(ies) indicated above. Each of the undersigned attests that no bankruptcy, insolvency or similar proceedings have been filed or commenced by or against him/her, and that no bankruptcy proceedings are now pending. For value received, the assignment indicated above is fully released and reassigned to the assignor.

Assignee's Signature <i>Jon Jones, Chairman</i>	Date 3/10/09
Additional Assignee's Signature(s) (if applicable) <i>Sarpy County Board</i>	Date

2 ACKNOWLEDGEMENT (To be completed by Notary)

STATE OF Nebraska

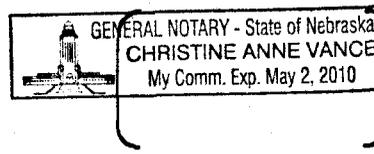
COUNTY OF Sarpy

On 3/10/2009 before me Christine Anne Vance, Sr. Administrator

personally appeared Joni Jones, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument.

WITNESS my hand and official seal.

Christine Anne Vance
SIGNATURE OF NOTARY



Corporate Seal or Notarization

INSTRUCTIONS

- When to use this form:** This form is used to release a collateral assignment when a debt has been repaid on a collateral assigned policy.
- Who must sign this form:**
 - ONE INDIVIDUAL ASSIGNEE** - No other signatures are required.
 - SEVERAL INDIVIDUAL JOINT ASSIGNEES** - All individuals must sign.
 - PARTNERSHIP ASSIGNEE** - Signature of authorized signing partner.
 - CORPORATION ASSIGNEE** - One authorized officer must sign the form with the signature and the either notarized or corporate seal impressed.
 - BANK ASSIGNEE** - One authorized officer must sign with the signature and the notarized or one authorized officer's signature notarized with the bank seal impressed.
- Where to send this form:** Send this form to the address checked on the first page of the form. If no address is checked, send to Pacific Life Insurance Company, Attn: Life Insurance Operations Center, P.O. Box 6390, Newport Beach, CA 92658-6390. Our toll free number is (800) 347-7767.

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.

15-10559-09 06/2005

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center

P.O. Box 6390
Newport Beach, CA 92658-8390
(800) 347-7767

P.O. Box 2030
Omaha, NE 68109-2030
(800) 347-7767



PACIFIC LIFE

ROA

REQUEST TO RELEASE AN ASSIGNMENT

Insured's Name: First MI Last JAMES C ARBOGAST	Date of Original Assignment 11-14-01	Policy Number 1A22705120
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1 SIGNATURES

I authorize Pacific Life to make these changes, subject to the policy provisions, on the policy(ies) indicated above. Each of the undersigned attests that no bankruptcy, insolvency or similar proceedings have been filed or commenced by or against him/her, and that no bankruptcy proceedings are now pending. For value received, the assignment indicated above is fully released and reassigned to the assignor.

Assignor's Signature <i>Joni Jones, Chairman</i>	Date 3/10/09
Additional Assignor's Signature(s) (if applicable) <i>Sarpy County Board</i>	Date

2 ACKNOWLEDGEMENT (To be completed by Notary)

STATE OF Nebraska

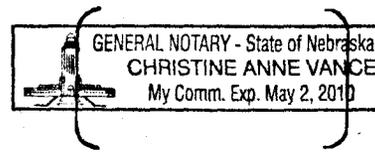
COUNTY OF Sarpy

on 3/10/09 before me Christine Anne Vance, Sr. Administrator

personally appeared Joni Jones personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument.

WITNESS my hand and official seal.

Christine Anne Vance
SIGNATURE OF NOTARY



Corporate Seal or Notarization

INSTRUCTIONS

- When to use this form:** This form is used to release a collateral assignment when a debt has been repaid on a collateral assigned policy.
- Who must sign this form:**
- ONE INDIVIDUAL ASSIGNEE** - No other signatures are required.
 - SEVERAL INDIVIDUAL JOINT ASSIGNEES** - All individuals must sign.
 - PARTNERSHIP ASSIGNEE** - Signature of authorized signing partner.
 - CORPORATION ASSIGNEE** - One authorized officer must sign the form with the signature and title either notarized or corporate seal impressed.
 - BANK ASSIGNEE** - One authorized officer must sign with the signature and title notarized or one authorized officer's signature notarized with the bank seal impressed.
- Where to send this form:** Send this form to the address checked on the first page of the form. If no address is checked, send to Pacific Life Insurance Company, Attn: Life Insurance Operations Center, P.O. Box 6390, Newport Beach, CA 92658-8390. Our toll free number is (800) 347-7767.

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.

COLLATERAL ASSIGNMENT



INSTRUCTIONS TO POLICYOWNER

1. Print full name and address of the Collateral Assignee.
2. Date and sign all copies of the completed form and attach Page 2 to your policy.
3. Return Page 1 of the completed form to your PL Associate or local office. The form may also be mailed directly to Policy Benefits and Services Department, Pacific Life, P.O. Box 9000, Newport Beach, California 92658-9030.
4. You will receive written confirmation from PL that will signify that this assignment is acceptable to PL and has been recorded. Upon receipt of confirmation, you should send a copy to Collateral Assignee.

SIGNATURES REQUIRED

ONE INDIVIDUAL OWNER - No other signatures are required. However, in community property states it is recommended that the individual owner's spouse also sign the form when the policy is not considered separate property.

SEVERAL INDIVIDUAL JOINT OWNERS - All individuals must sign.

PARTNERSHIP AS OWNER - Signature of authorized signing partner.

CORPORATION AS OWNER - An authorized officer must sign the form with his/her signature and title. The signature must be notarized or the corporate seal affixed.

BENEFICIARY - PL suggests that the beneficiary consent to the assignment by signing this form in the "vested interest" states of Colorado, Massachusetts, Louisiana, New York and New Jersey.

INSURED'S NAME - Print full name <i>James Arbogast</i>	POLICY NUMBER (or Application number) <i>1A22705120</i>
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For value received, I transfer and assign this policy, subject to the conditions outlined below and on the reverse side, to:

Collateral Assignee - NAME <i>Sarpy County</i>			
ADDRESS - No. Street	City	State	Zip Code

BENEFICIARY - This assignment will not change the beneficiary of the policy. The beneficiary designation will remain in effect unless changed by the owner.

SUPPLEMENTARY POLICY - This assignment will apply to any Life or Endowment policy (including any supplementary riders) having the above policy number. It will apply to any identically numbered separate Accidental Death and Dismemberment policy or Accident Disability or Sickness Disability policy.

PRIOR ASSIGNMENT - If this policy has been previously assigned, the existing assignment(s) will take precedence in case of a claim.

ASSIGNMENT EFFECTIVE DATE - Written confirmation by PL to the policyowner will signify that this is acceptable to PL and has been recorded. However, PL will have no liability for any action taken before this assignment is recorded at its home office.

DEFINITIONS - PL means Pacific Life Insurance Company. Words in the singular will include the plural, and words in the masculine gender will include the feminine gender, if applicable.

POLICYOWNER'S SIGNATURE <i>X James Arbogast</i>	DATE <i>11-14-01</i>
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ADDITIONAL SIGNATURES (CHECK APPROPRIATE BOX(ES))
 CORPORATION SIGNATURE BENEFICIARY SIGNATURE

NOTARY PUBLIC STAMP OR CORPORATE SEAL

X [Signature]
SIGNATURE

SIGNATURE

HOME OFFICE USE

Pacific Life Insurance Company has retained the original Assignment, dated _____ and is returning a copy of this document. The Home Office assumes no responsibility for the validity of this document.

SECRETARY, NEWPORT BEACH, CALIFORNIA

COLLATERAL ASSIGNMENT



INSTRUCTIONS TO POLICYOWNER

1. Print full name and address of the Collateral Assignee.
2. Date and sign all copies of the completed form and attach Page 2 to your policy.
3. Return Page 1 of the completed form to your PL Associate or local office. The form may also be mailed directly to Policy Benefits and Services Department, Pacific Life, P.O. Box 9000, Newport Beach, California 92658-9030.
4. You will receive written confirmation from PL that will signify that this assignment is acceptable to PL and has been recorded. Upon receipt of confirmation, you should send a copy to Collateral Assignee.

SIGNATURES REQUIRED

ONE INDIVIDUAL OWNER - No other signatures are required. However, in community property states it is recommended that the individual owner's spouse also sign the form when the policy is not considered separate property.

SEVERAL INDIVIDUAL JOINT OWNERS - All individuals must sign.

PARTNERSHIP AS OWNER - Signature of authorized signing partner.

CORPORATION AS OWNER - An authorized officer must sign the form with his/her signature and title. The signature must be notarized or the corporate seal affixed.

BENEFICIARY - PL suggests that the beneficiary consent to the assignment by signing this form in the "vested interest" states of Colorado, Massachusetts, Louisiana, New York and New Jersey.

INSURED'S NAME - Print full name <i>Norman Stokes</i>	POLICY NUMBER (or Application number) <i>LA 22730590</i>
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For value received, I transfer and assign this policy, subject to the conditions outlined below and on the reverse side, to:

Collateral Assignee - NAME <i>Sarpy County</i>			
ADDRESS - No. Street	City	State	Zip Code

BENEFICIARY - This assignment will not change the beneficiary of the policy. The beneficiary designation will remain in effect unless changed by the owner.

SUPPLEMENTARY POLICY - This assignment will apply to any Life or Endowment policy (including any supplementary riders) having the above policy number. It will apply to any identically numbered separate Accidental Death and Dismemberment policy or Accident Disability or Sickness Disability policy.

PRIOR ASSIGNMENT - If this policy has been previously assigned, the existing assignment(s) will take precedence in case of a claim.

ASSIGNMENT EFFECTIVE DATE - Written confirmation by PL to the policyowner will signify that this is acceptable to PL and has been recorded. However, PL will have no liability for any action taken before this assignment is recorded at its home office.

DEFINITIONS - PL means Pacific Life Insurance Company. Words in the singular will include the plural, and words in the masculine gender will include the feminine gender, if applicable.

POLICYOWNER'S SIGNATURE <i>[Signature]</i>	DATE <i>11-14-01</i>
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ADDITIONAL SIGNATURES (CHECK APPROPRIATE BOX(ES))
 CORPORATION SIGNATURE BENEFICIARY SIGNATURE

NOTARY PUBLIC STAMP OR CORPORATE SEAL

[Signature]
SIGNATURE

SIGNATURE

HOME OFFICE USE

Pacific Life Insurance Company has retained the original Assignment, dated _____ and is returning a copy of this document. The Home Office assumes no responsibility for the validity of this document.

SECRETARY, NEWPORT BEACH, CALIFORNIA

BOARD OF COMMISSIONERS
SARPY COUNTY, NEBRASKA

RESOLUTION AUTHORIZING CHAIRMAN TO SIGN RELEASE OF ASSIGNMENTS FOR LIFE
INSURANCE POLICIES

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6)(Reissue 1997), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. §23-103(Reissue 1997), the powers of the County as a body are exercised by the County Board; and,

WHEREAS, The Sarpy County Board of Commissioners has previously entered into a Loan Agreement, Security Agreement and other related documents on November 13, 2001 with Superior Metal Products, Inc. for the purpose of loaning Community Development Block Grant (CDBG) funds; and,

WHEREAS, the Loan Agreement required Superior Metal Products, Inc. to provide a joint assignment to Sarpy County on key person life insurance policies in the amount of the loan balance; and,

WHEREAS, said loan has been fully repaid and the liens on the two life insurance policies need to be released.

NOW, THEREFORE BE IT RESOLVED, By the Sarpy County Board of Commissioners that the Chairman of such Board is hereby authorized to sign the attached Release of Assignment on Policy No. 001057440 and Policy No. 001057441.

MOVED by Rich Jansen, seconded by Tom Richards,
that the above Resolution be adopted. Carried.

DATED and approved this 13th day of January, 2009.

YEAS:

NAYS:

ABSENT:

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

none

none

ABSTAIN:

none

SEAL

ATTEST:

[Signature]
County Clerk





Administrative Office
for all Companies:
ING Service Center
2000 21st Ave. NW
Minot, ND 58703

- ReliaStar Life Insurance Company, Minneapolis, MN
- Security Life of Denver Insurance Company, Denver, CO
- ING USA Annuity and Life Insurance Company, Des Moines, IA
- Midwestern United Life Insurance Company, Fort Wayne, IN

Release of Assignment

Policy No.: 001057440

Insured: JAMES C. ARBOGAST

Regarding: (Choose one alternative only)

Collateral Assignment to SARPY COUNTY
dated _____

Split Dollar Endorsement to _____
dated _____

Split Dollar Collateral Assignment to _____
dated _____

Other instrument: _____

The undersigned hereby releases and relinquishes all of the undersigned's rights, benefits, title and interest in the above policy. All such rights shall become vested in the owner of the policy.

Dated January 13, 2009.

Sarpy County Chairman Joni Jones, 402-593-4155
*Print name and phone number of person or entity releasing the rights
(that is, Assignee's name if assignment is released; Endorsee if endorsement is released).*

If signing for an entity, the undersigned represents that s/he has authority to bind the entity.

Joni Jones, Sarpy County Board Chairman
Signature of individual, or if an entity, signature of Officer with Title

Filed at the Administrative Office of the Insurer this _____ day of _____, 20____. The Company assumes no responsibility for the validity of the contents of this document.

By _____
Authorized Officer



Administrative Office
for all Companies:
ING Service Center
2000 21st Ave. NW
Minot, ND 58703

- ReliaStar Life Insurance Company, Minneapolis, MN
- Security Life of Denver Insurance Company, Denver, CO
- ING USA Annuity and Life Insurance Company, Des Moines, IA
- Midwestern United Life Insurance Company, Fort Wayne, IN

Release of Assignment

Policy No.: 001057441

Insured: NORMAN L. STOKES

Regarding: *(Choose one alternative only)*

Collateral Assignment to SARPY COUNTY

dated _____

Split Dollar Endorsement to _____

dated _____

Split Dollar Collateral Assignment to _____

dated _____

Other instrument: _____

The undersigned hereby releases and relinquishes all of the undersigned's rights, benefits, title and interest in the above policy. All such rights shall become vested in the owner of the policy.

Dated January 13, 2009.

Sarpy County Chairman Joni Jones, 402-593-4155

*Print name and phone number of person or entity releasing the rights
(that is, Assignee's name if assignment is released; Endorsee if endorsement is released).*

If signing for an entity, the undersigned represents that s/he has authority to bind the entity.

Joni Jones

Sarpy County Board Chairman

Signature of individual, or if an entity, signature of Officer with Title

Filed at the Administrative Office of the Insurer this _____ day of _____, 20____. The Company assumes no responsibility for the validity of the contents of this document.

By _____

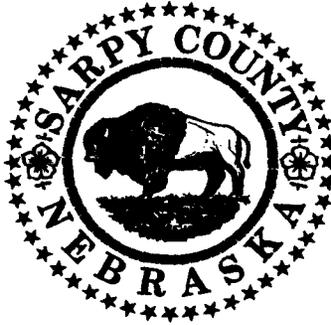
Authorized Officer

Sarpy County Board of Commissioners

1210 GOLDEN GATE DRIVE
SUITE 1116
PAPILLION, NE 68046-2895
583-4155
www.sarpy.com

ADMINISTRATOR
Mark Wayne

FISCAL ADMINISTRATOR-
PURCHASING AGENT
Brian Hanson



COMMISSIONERS

Paul Cook
District 1
Joni Jones
District 2
Inez Boyd
District 3
Aldona Doyle
District 4
Rich Jansen
District 5

MEMO

To: Sarpy County Board

From: Brian Hanson

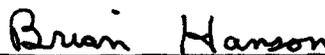
Re: Resolution releasing insurance policies on Superior Metals CDBG Reuse Loan

At the January 13, 2009 Board meeting, the County Board will be asked to approve the attached resolution authorizing the Board Chairman to sign two Life Insurance Release of Assignment for the Superior Metals CDBG Reuse Loan.

Sarpy County loaned \$190,000 in Community Development Block Grant (CDBG) reuse funds to Superior Metal Products, Inc. in November, 2001. This loan has now been paid off and the liens on the two life insurance policies need to be released.

Please call me if you have any questions.

January 5, 2009



Brian E. Hanson

BEH/dp

cc: Mark Wayne
Deb Houghtaling
Mike Smith



PACIFIC LIFE

CSTMT

Life Insurance Operations Center
P.O. Box 2030, Omaha, Nebraska 68103-2030
Tel (800) 347-7787 Fax (949) 462-3066

TITLE CHANGE CONFIRMATION

March 20, 2009

Servicing Producer: (402) 964-5400

SUPERIOR METAL PRODUCTS INC
10708 S 149TH ST
OMAHA, NE 68138-3853

SILVERSTONE GROUP INC
11516 MIRACLE HILLS DR
STE 102
OMAHA, NE 68154-4473

Insured Name: NORMAN L STOAKES
Policy Number(s): 1A22730590

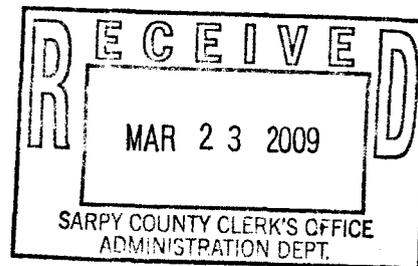
Thank you for your recent request(s). This is to confirm that the following request(s) are recorded and should be filed with your policy:

Release of Assignment

Dated: 3/10/2009

If you need further assistance, please contact your Servicing Producer or our Life Insurance Operations Center. We appreciate your business and welcome the opportunity to serve your ongoing life insurance needs.

Life Insurance Operations Center
Client Services Department



Servicing Office:
SILVERSTONE GROUP INC
11516 MIRACLE HILLS DR
STE 102
OMAHA, NE 68154-4473

Former Assignee:
SARPY CTY
ATTN SARPY CO CLERK
1210 GOLDEN GATE DR #1118
OMAHA, NE 68046-2845



PACIFIC LIFE

CSTMT

Life Insurance Operations Center
P.O. Box 2030, Omaha, Nebraska 68103-2030
Tel (800) 347-7787 Fax (949) 462-3066

TITLE CHANGE CONFIRMATION

March 20, 2009

Servicing Producer: (402) 964-5400

SUPERIOR METAL PRODUCTS INC
10708 S 149TH ST
OMAHA, NE 68138-3853

SILVERSTONE GROUP INC
11516 MIRACLE HILLS DR
STE 102
OMAHA, NE 68154-4473

Insured Name: JAMES C ARBOGAST
Policy Number(s): 1A22705120

Thank you for your recent request(s). This is to confirm that the following request(s) are recorded and should be filed with your policy:

Release of Assignment

Dated: 3/10/2009

If you need further assistance, please contact your Servicing Producer or our Life Insurance Operations Center. We appreciate your business and welcome the opportunity to serve your ongoing life insurance needs.

Life Insurance Operations Center
Client Services Department

Servicing Office:
SILVERSTONE GROUP INC
11516 MIRACLE HILLS DR
STE 102
OMAHA, NE 68154-4473

Former Assignee:
SARPY CTY
ATTN SARPY CO CLERK
1210 GOLDEN GATE DR #1118
OMAHA, NE 68046-2845