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FSA 440-13
(11-02-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. FSA OFFICE NAME AND ADDRESS (Including ZIP Code)

REPORT OF LIEN SEARCH

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax identification Number, may result in a delay in the processing of an application or its rejection.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0162. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

2A. NAME OF APPLICANT (Last, First, Middle) 3A. NAME OF CO-APPLICANT (Last, First, Middle)
2B. KNOWN AS: 3B. KNOWN AS:

4. ADDRESS OF APPLICANT (Including ZIP Code) 5. NAME OF COUNTY

6. RECORDS SEARCHED FOR (County or State)

7. TYPES OF LIEN AND PERIOD OF SEARCH:
 A. Financing Statements (Or other instruments filed as such) _____ Years
 B. Chattel Mortgages _____ Years (Deeds of Trust, Bills of Sale to Secure Debt)
 C. Crop Mortgages _____ Years
 D. Conditional Sale Contracts (Title Retained) _____ Years
 E. Personal Property Tax _____ Years
 F. Other _____ Years (Specify)
 G. State Tax Liens _____ Years
 H. Federal Tax Liens Eleven Years and One Month
 I. Attachments _____ Years
 J. Judgments _____ Years
 K. Executions _____ Years

8. Date Lien Search Requested (MM-DD-YYYY) 9. Requested By

10. COMPLETED BY SEARCHER

A. TYPE OF LIEN OR INSTRUMENT	B. DATE FILED (MM-DD-YYYY)	C. FILE OR BOOK AND PAGE NUMBER	D. AMOUNT (If Shown)	E. DUE DATE (If Shown)	F. TO WHOM GIVEN OR ASSIGNED (Name and Address)	G. DESCRIPTION OF PROPERTY

I have made the searches checked above and have listed all liens, or instruments not charged, or terminated, affecting the personal property or fixtures of the person(s) named in the first line of this report.

11A. SIGNATURE 11B. TITLE 11C. DATE (MM-DD-YYYY) 11D. HOUR

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