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**U.S. DEPARTMENT OF AGRICULTURE** Farm Service Agency Form Approved - OMB No. 0560-XXXX Position 5

## WARRANTY DEED

THIS INDENTURE, Made on the (a)	day of (b)	, 20	, by and	
between (c)		of the	County of	
(d)	, in the State of <i>(e)</i>			
<b>GRANTOR(S)</b> or Part(y)(ies) of the First Part, and United States of America, acting through the Farm				
Service Agency, whose mailing address is <i>(f)</i>				
, GRANTEE or Party of the Second Part:				
WITNESSETH, That the said Part(y)(ies) of the First Part, in consideration of the sum of				
(g)	, and other	r valuable co	onsideration	
to them by the said Party of the Second Part, the receipt of which is hereby acknowledged do(es) by these				
presents, Grant, Bargain and Sell, Convey and Confirm, unto the said Party of the Second Part and its				
assigns, the following described Lots, Tracts or Parcels of land, lying, being and situate in the County				
of (h) , a	nd State of (i)		, to wit:	

## See attached Exhibit A for legal description

TO HAVE AND TO HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said Party of the Second			
Part, and unto its heirs and assigns, FOREVER, the said Part(y)(ies) of the First Part hereby			
covenanting that (j)	lawfully		
seized of an indefeasible estate in fee in the premises herein conveyed; that (k)			
ha(	s)(ve) good right to convey the same; that the said		
premises are free and clear of any encumbrance done or suffered by ( <i>l</i> )			
or those under whom <i>(m)</i>	claim and that		
(n)	will WARRANT AND DEFEND the title to the		
said premises unto the said Party of the Second Part, and unto its heirs and assigns, FOREVER, against			
the lawful claims and demands of all persons whomsoever.			

IN WITNESS WHEREOF, the said Part(y)(ies) of the First Part ha(s)(ve) hereunto set (his)(her) (their) hand(s) the day and year first above written.

(o) Type Name

(p) Type Name

## (q) ACKNOWLEDGEMENT

NOTE: The following statement 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, (7 USC 1921 et seq, and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information maybe furnished to other Department of Agriculture agencies, the Department of the Treasury, 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 this form or its rejection.

collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-XXXX. The time required to complete this information collection is estimated to average 15 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 LOCAL FSA OFFICE**.

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