

**FSA-2341**

(Proposal 4)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 5

**CERTIFICATION OF ATTORNEY**

(See Page 2 for Privacy Act and Public Burden Statements.)

**PART A - ADDRESS**

1. Attorney Name and Address          	2. FSA Office          
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**PART B - REQUEST**

1. You have been selected by (a) \_\_\_\_\_

to prepare a title opinion/title insurance, and handle the loan closing in connection with the loan application filed with the Farm Service Agency (FSA) for property located at (b) \_\_\_\_\_.

If you desire to do this work, please complete Part C and return this form to the FSA office immediately. FSA assumes no liability or responsibility for payment of any portion of the loan closing fees. Do not begin work on this case until you are notified by FSA that, based on the information presented, you have been approved.

2A. Name	2B. Title
2C. Signature	2D. Date

**PART C - ATTORNEY CERTIFICATION**

1. I hereby certify that I:

- (a) am a practicing attorney;
- (b) am a member in good standing of the bar of (c) \_\_\_\_\_;
- (d) have current knowledge of the requirements of State law in connection with loan closing and title clearance;
- (e) and my spouse, children, or business associates do not have a financial interest in this property.

2. I will provide title clearance through the use of:

- (a)  a title opinion.
- (b)  a title insurance policy (either liability insurance and fidelity bond or a closing protection letter are required).

3. I am currently covered with Lawyer's Professional Liability Insurance in the amount of (a) \$ \_\_\_\_\_ per occurrence issued by (b) \_\_\_\_\_ of (c) \_\_\_\_\_.

The deductible is (d) \$ \_\_\_\_\_. The policy number is (e) \_\_\_\_\_.

Coverage expires on (f) \_\_\_\_\_.

I, and all of my employees and associates having access to the funds involved in this loan, are currently covered by a fidelity bond in the amount of at least (g) \$ \_\_\_\_\_ for each individual.

4A. Signature	4B. Date
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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**PART D - FSA APPROVAL**

1. FSA'S Decision:	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
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2A. Name	2B. Signature	2C. Date
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**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, 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 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-XXXX. The time required to complete this information collection is estimated to average 20 minutes/hours 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.***