

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

FSA-2476
(12.31.7)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 5

TRANSFER OF REAL ESTATE SECURITY

PART A - GENERAL

1. Name of Transferor(s)		2. Name of Transferees		
3A. Real Estate to be Transferred		3B. Current Value \$		
4A. Other property, besides Real Estate Security, to be transferred		4B. Current Value \$		
5. Reasons for Transfer				
6. Amount in Supervised Bank Account \$		7. Planned Disposition of Funds in Supervised Bank Account		
8. Development to be Completed, Estimated Cost, and Source of Funds				
9A. Prior Lien \$		9B. Is Consent of Prior Lienholder Required?		YES
10A. Junior Lien \$		10B. Is Consent of Junior Lienholder Required?		NO
11. Taxes and Assessments Due and Payable \$		12. Date Transfer to be Complete	13. Transferee Operating/Occupying Property. If "NO" expected Date:	
14. If Property is Operated, Occupied, or Leased by other than Transferee, provide terms and conditions of occupancy or lease:				
15. Direct Debts owed FSA to be transferred:				
A. Loan Number	B. Amount	C. Current Security	D. Comment	
	\$			
	\$			
	\$			

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PART B – AGREEMENTS BETWEEN TRANSFERORS AND TRANSFEREES

Transferor and transferee certify that the agreements reached for the transfer of security are made between transferor and transferee and the information provided herein is correct and fully understood by each.

1. Total consideration for transfer of security is	\$
2. Payment or assumption of prior liens:	
3. Payment or assumption of Junior Liens:	
4. Payment of Taxes (Including current year's taxes):	
5. Assignment of Property Insurance and Paid unearned premiums:	
6. Distribution of income from rentals, easements, mineral leases, etc.:	
7. Disposition of existing abstracts of Title, Owner's Title Insurance Policy or other Title Evidence:	
8. Expenses to be paid by Transferor:	
9. Expenses to be paid by Transferee:	
10. TRANSFEEE WILL:	AMOUNT
(a) ASSUME AN INDEBTEDNESS TO FSA OF	\$
(b) ASSUME INDEBTEDNESS TO	\$
(c) ASSUME INDEBTEDNESS TO	\$
(d) PAY TRANSFEROR (AS EQUITY) (Part B, Item 1 minus, Items 10(a), 10(b), and 10(c))	\$

PART C - SIGNATURES

1A. Transferor Signature	1B. Date
2A. Transferee Signature	2B. Date
3A. Authorized Agency Official Name	3B. Date
3C. Signature	3D. Date

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, (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, 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 request 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 0560-0236. 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 COUNTY FSA OFFICE.***