

(See Page 3 for Privacy Act and Public Burden Statement)

**FSA-2360**  
(12-31-07)

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

**REPORT OF LIEN SEARCH**

**PART A – APPLICANT INFORMATION**

1A. Applicant's Full Legal Name  1B. Known as:	2. Address (Including Zip Code)												
3. County of Residence	4. Records Searched for (County or State)												
5. Types of Lien and Period of Search (Check Appropriate Boxes):													
<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"><input type="checkbox"/> A. Financing Statement (or other instruments filed as such) _____ years</td> <td style="width:50%; border:none;"><input type="checkbox"/> F. Other (Specify) _____ years</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> B. Chattel Mortgages _____ years (Deeds of Trust, Bills of Sale securing debt)</td> <td style="border:none;"><input type="checkbox"/> G. State Tax liens _____ years</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> C. Crop Mortgages _____ years</td> <td style="border:none;"><input type="checkbox"/> H. Federal Tax Liens (Eleven years and one month)</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> D. Conditional Sale Contract (Title retained) _____ years</td> <td style="border:none;"><input type="checkbox"/> I. Attachments _____ years</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> E. Personal Property Tax _____ years</td> <td style="border:none;"><input type="checkbox"/> J. Judgments _____ years</td> </tr> <tr> <td style="border:none;"></td> <td style="border:none;"><input type="checkbox"/> K. Executions _____ years</td> </tr> </table>		<input type="checkbox"/> A. Financing Statement (or other instruments filed as such) _____ years	<input type="checkbox"/> F. Other (Specify) _____ years	<input type="checkbox"/> B. Chattel Mortgages _____ years (Deeds of Trust, Bills of Sale securing debt)	<input type="checkbox"/> G. State Tax liens _____ years	<input type="checkbox"/> C. Crop Mortgages _____ years	<input type="checkbox"/> H. Federal Tax Liens (Eleven years and one month)	<input type="checkbox"/> D. Conditional Sale Contract (Title retained) _____ years	<input type="checkbox"/> I. Attachments _____ years	<input type="checkbox"/> E. Personal Property Tax _____ years	<input type="checkbox"/> J. Judgments _____ years		<input type="checkbox"/> K. Executions _____ years
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	<input type="checkbox"/> K. Executions _____ years												
6. Name of Agency Official:	7. Date												

**PART B – LIEN SEARCH**

**1. COMPLETED BY SEARCHER**

A. Type of Lien	B. Date Filed	C. File/Book Page No.	D. Amount	E. Due Date	F. To Whom Given	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 above-named person.*

2. Name	3. Title	
4. Signature	5. Date	6. Hour  <input type="checkbox"/> AM <input type="checkbox"/> PM

**7. CONTINUATION OF LIEN SEARCH (from the date and hour given in Part B, Items 5 and 6, to date and hour given below)**

A. Type of Lien	B. Date Filed	C. File/Book Page No.	D. Amount	E. Due Date	F. To Whom Given	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 above-named person.*

8. Name		9. Title				
10. Signature		11. Date			12. Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	

**13. CONTINUATION OF LIEN SEARCH (from the date and hour given in Part B, Items 5 and 6, to date and hour given below)**

A. Type of Lien	B. Date Filed	C. File/Book Page No.	D. Amount	E. Due Date	F. To Whom Given	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 above-named person.*

2. Name		3. Title				
4. Signature		5. Date			6. Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	

19. Remarks

20. For FSA Use Only. Return complete report and any lien or other instrument submitted herewith to the following address:

**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 0560-0237. 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.***

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