FSA-2029-D Date of Modification: (12-31-07)

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INSTRUCTIONS FOR PREPARATION

Purpose:

This form is used by State offices, in consultation with OGC, to develop a State-specific version. County Offices should continue using their State-specific version of FSA 1927-1 until their State-specific version of the FSA-2029 has been posted.

Handbook Reference:
3-FLP

Number of Copies:
0riginal and one

Signatures Required:
Borrower and Notary

Distribution of Copies:

Copy retained in case file, Original to attorney for execution and recording.

Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A $\,$ N/A

Contact the State Office if additional guidance is needed.