

**CERTIFICATION OF ATTORNEY**

**SUBJECT:**

Date:

**TO:**

You have been selected by \_\_\_\_\_  
to prepared a title opinion/title insurance, and handle the loan closing in connection with Rural Housing Service (RHS) or  
Farm Service Agency (FSA) loan application filed by this party. If you desire to do this work, please complete the bottom  
portion of this form and return it to this office immediately. You are cautioned not to begin work on this case until you are  
notified by the approval official that based on the information presented you have been approved by RHS/FSA.

\_\_\_\_\_  
RHS/FSA Official

I hereby certify that I am a practicing attorney, a member in good standing of the bar of \_\_\_\_\_

I will provide title clearance through the use of:

\_\_\_\_\_ a title opinion.

\_\_\_\_\_ a title insurance policy (when issuing a title insurance policy, that includes a closing  
protection letter, liability insurance and a fidelity bond are not required).

I am currently covered with Lawyer's Professional Liability Insurance in the amount \$ \_\_\_\_\_ per  
occurrence issued by \_\_\_\_\_ of \_\_\_\_\_. The deductible is  
\$ \_\_\_\_\_. The policy number is \_\_\_\_\_. Coverage expires on \_\_\_\_\_.

I and all of my employees and associates having access to the funds involved in an RHS/FSA loan are currently covered  
by a fidelity bond in the amount of at least \$ \_\_\_\_\_ for each individual.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
RHS/FSA Approval Official

( ) Approved

( ) Not Approved

Form RD 1927-19