Earm Service Agency      Earm Service Agency      EART A - GENERAL      Aname and Address      Z. Date	This form is available electronically.	U.S. DEPARTMENT OF AGRICU	See Page 3 for Privacy Act and Public Burden Statements.) LTURE Position 5
2ART A - GENERAL       2. Date         2. Name and Address       2. Date         2. Name and Address       2. Date         2. Date       2. Date         2. Date       2. Date         3. Reference is made to FSA-2343, "Transmittal of Title Information" dated (a)	<b>- 5A-2350</b> [10-29-08)		
2. Date 2. Da		LOAN CLOSING INSTRUCTION	ONS
2. Date 2. Da	PART A - GENERAL		
or (b)	1. Name and Address		2. Date
or (b)			
or (b)	' 		
or (b)			
Jotify the Farm Service Agency (FSA) of the date loan closing can occur and any loan funds intended for this transaction will be orwarded. Loan funds must be handled according to 7 CFR 764, subpart I and other instructions enclosed.         4. Notify the applicant of all loan closing requirements and arrange for closing not later than days of the date the ban funds are made available to you. If the loan is not closed by that date, the loan funds will be returned to FSA.         5. FSA's requirements regarding any exception in the Preliminary Title Opinion or Title Insurance Binder No. (a) are as follows:         (c) No.			
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dated (b)       are as follows:         (c) No.			
(c) No.       must be removed.         (d) No.       must be subordinated to FSA's lien which will be created at loan closing.         (e) No.       must be subordinated of FSA's lien which will be created at loan closing.         (f) No.       must be changed as follows:         5. The requirements checked below must be met at or before loan closing:       must be assigned to FSA on form (2)         (a)       Income under exceptions No. (1)       to be assigned to FSA on form (2)         (b)       Verify balances secured by liens referred to in the following exceptions:       at loan closing.         No. (1)       must not exceed (2) \$       at loan closing.			
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(c) Applicant to provide paid in full receipt for a one-year standard fire and extended coverage insurance policy or binder	ban funds are made available to you.         5. FSA's requirements regarding any lated (b)         (c) No.         (d) No.         (e) No.         (f) No.         (f) No.         (f) No.         (g) Description         (h) No.         (h) Description         (h) Description	If the loan is not closed by that date, the loan exception in the Preliminary Title Opinion or Ti are as follows: must be removed. must be subordinated to may remain ahead of FS must be changed as follo must be met at or before loan closing: tions No. (1)	funds will be returned to FSA. itle Insurance Binder No. (a)
To the second of the second of a second of	ban funds are made available to you.         5. FSA's requirements regarding any lated (b)         (c) No.         (d) No.         (e) No.         (f) No.         (f) No.         (f) No.         (g) Description         (h) No.         (h) Description         (h) Description	If the loan is not closed by that date, the loan exception in the Preliminary Title Opinion or Ti are as follows: must be removed. must be subordinated to may remain ahead of FS must be changed as follo must be met at or before loan closing: tions No. (1)	funds will be returned to FSA. itle Insurance Binder No. (a)

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.

7. Loan funds plus (a) \$

of the applicant's personal funds required by FSA to be deposited in escrow

with you will be disbursed as follows:

Pay <i>(b)</i>	\$ to <i>(c)</i>	
Pay <i>(d</i> )	\$ to <i>(e)</i>	
Pay <i>(f)</i>	\$ to <i>(g)</i>	
Pay (h)	\$ for app	licant's share of closing costs.

8. The following instruments and forms must be completed and, if applicable, executed at, or before, loan closing. All forms are to be executed or conformed as required by FSA. After loan closing, return the items listed below, with this form, to FSA.

<i>(a)</i> Form Number	(b) Form Name	(c) Original	<i>(d)</i> No. of Copies	(e) No. Signed	<i>(f)</i> No. to FSA
FSA-2140	Deposit Agreement				
FSA-2026	Promissory Note				
FSA-2489	Assumption Agreement				
FSA-2029M	Real Estate Mortgage				
FSA-2029D	Deed of Trust				
FSA-2351	Certification of Improvement of Property				
FSA-2319	Agreement with Prior Lienholder				
FSA-2352	Final Title Opinion				
	Title Insurance Policy				
FSA-2027	Supplemental Payment Agreement				
HUD-1	Settlement Statement				
FSA-2044	Assignment of Income from Real Estate Security				

9. Additional instructions:

10. A copy of this Loan Closing Statement signed by you, the executed promissory note, and all other executed documents required for loan closing must be returned to FSA within one day after the loan is closed, except as soon as possible after closing you must provide FSA with the final policy of title insurance and, if applicable, the real estate mortgage or deed of trust.

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11A. Name	11B. Signature		
DADT B I OAN CLOCINC STATEMENT			

## PART B – LOAN CLOSING STATEMENT

## 1. I certify that the subject loan was closed on \_\_\_\_\_\_\_ in accordance with 7 CFR 764, subpart I, and other written directions received from FSA. Enclosed are the properly executed forms in connection with loan closing.

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

## PART C – FSA USE ONLY

1. I have examined the loan closing documents and determined that the loan was properly closed in accordance with instructions provided.

1A. Name		1B	3.	Signature	1C. Date			
by the Consolidated Farm and Rural Development thereunder, to solicit the information requested or eligibility for credit or other financial assistance, so other Department of Agriculture agencies, the Inte Department of Defense, the Department of Housi, other Federal, State, or local agencies as required the Freedom of Information Act, to financial consu- sources, to collection or servicing contractors, to Justice, to business firms in the trade area that bu- staff members, or to courts or adjudicative bodies		nt Aci n its a ervic ernal ng a ng a ng a ng a ultan credi uy ch s. Dis	ct, ap ce l R and pe tts, lit r hat isc	the Privacy Act of 1974 (5 USC 552a): the Farm Ser as amended (7 USC 1921 et seq.), or other Acts, an oplication forms. The information requested is neces your loan, and conduct statistical analyses. Supplie Revenue Service, the Department of Justice or other d Urban Development, the Department of Labor, the primited by law. In addition, information may be refer , advisors, lending institutions, packagers, agents, an reporting agencies, to private attorneys under contra ttel or crops or sell them for commission, to Member dosure of the information requested is voluntary. Ho v Number or Federal Tax Identification Number, may	d the regulations promulgated sary for FSA to determine d information may be furnished to law enforcement agencies, the United States Postal Service, or rred to interested parties under nd private or commercial credit ct with FSA or the Department of s of Congress or Congressional wever, failure to disclose certain			
		collection of information unless it displays a valid 0237. The time required to complete this informa	OME tion urces	B c co es,	agency may not conduct or sponsor, and a person is control number. The valid OMB control number for t illection is estimated to average 30 minutes per resp gathering and maintaining the data needed, and cor FORM TO YOUR COUNTY FSA OFFICE.	his information collection is 0560- onse, including the time for		