Form Approved - OMB No. 0560-0236 OMB Expiration Date: 07/31/2020

## This form is available electronically. (See Page 3 for Privacy Act and Paperwork Reduction Act Statements.) **FSA-2489 U.S. DEPARTMENT OF AGRICULTURE** Position 2 (09-03-10) Farm Service Agency **ASSUMPTION AGREEMENT PART A - GENERAL** 1. Full Case Number of Assuming Party (ST/CO/9 digits SSN/TIN) - 0 2A. Type of Loan 2B. Type of Security Πol ∏ FO ☐ EM ΠEE SW ☐ Chattels Real Estate Limited Resource Regular Non-Program 3A. Transferee Eligibility 3B. Amount of Transfer 3C. Release of Liability (1) Transferor released from (1) Eligible - Same rates and terms (1) Transfer for full amount of debt personal liability (2) Eligible - New rates and terms (2) Transfer for less than full (2) Transferor not released from amount of debt (3) Ineligible transferee personal liability **PART B - AGREEMENT** 4. THIS AGREEMENT dated (a) is between the United States Department of Agriculture, acting through the Farm Service Agency ("Government,") and (b) ("assuming parties"), whose address is (c) 5. BECAUSE Government is the holder of loans evidenced by certain debt instruments executed by the present debtor , case number (b) \_\_\_\_\_\_, and identified as follows (a) in Item 6. 6. DEBT INSTRUMENT DATA (b) (c) (e) (d) Unpaid Balance Fund Code **Date Executed Original Amount** Interest Rate (1) Principal (2) Interest and Loan Number

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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Initial: \_\_\_\_\_ Date: \_\_\_\_

**FSA-2489** (09-03-10) Page 3 of 3

- 10. Payments shall be applied in accordance with FSA regulations.
- 11. If this assumption evidences a limited resource loan, Government may **CHANGE THE RATE OF INTEREST** in accordance with the regulations of the Government by giving the borrower thirty (30) days prior written notice at the borrower's last known address.
- 12. The provisions of said debt security instruments, and of any outstanding agreements executed or assumed by the present debtors pertinent thereto, shall except as modified herein, remain in full force and effect, and the assuming parties hereby assume the obligations of and agree to be bound by and to comply with all covenants, agreements and conditions contained in said instruments and agreements, except as modified herein, the same as if they had executed them as of the dates thereof as principal obligors. Any provisions of the debt and security instruments which require (a) that the borrower live on and operate the Government financed farm or (b) graduate to other sources of credit, will not apply to assumptions by an ineligible transferee.

13. This agreement shall be subject to the present regulations of the Government and its future regulations which are not inconsistent with the express provisions hereof.

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| PART C - SIGNATURES                    |            |        |  |  |
| 14A. Signature                         | 14B        | . Date |  |  |
| 15A. Signature                         |            | . Date |  |  |
| 16A. Signature                         |            | . Date |  |  |
| 17A. Signature                         | 17B        | . Date |  |  |
| FSA USE ONLY                           |            |        |  |  |
| 18A. Agency Official's Name            | 18B. Title |        |  |  |
| 18C. Signature                         | 18D. Date  |        |  |  |

NOTE: The following is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 20 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.