

Position 5

Form RD 449-2
(Rev. 7-97)UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENTFORM APPROVED
OMB NO. 0570-0014
Exp. Date: MM/DD/YY

STATEMENT OF COLLATERAL

OFFERED BY APPLICANT AS SECURITY FOR LOAN AND APPRAISER'S VALUATION REPORT

NAME (Applicant)	EMPLOYER ID NO.
ADDRESS (Include Zip Code)	RD CASE NUMBER

SUMMARY COLLATERAL OFFERED

CLASSIFICATION	Cost	Net Book Value	For Use of Appraiser
			Market Value
1. Land and land improvements			
2. Buildings			
3. Machinery and Equipment			
4. Automotive Equipment			
5. Office Furniture and Equipment			
6. Other			
7. Total Presently Owned Collateral	\$0.00	\$0.00	\$0.00
8. Real and personal property liens (Not to be paid from loan)	XXXX		
9. Equity in Collateral	XXXX		
10. Collateral to be acquired (Total Cost)	\$0.00	XXXX	\$0.00
11. Total	\$0.00	\$0.00	\$0.00

SUMMARY OF COLLATERAL TO BE ACQUIRED

CLASSIFICATION	Exact Cost		For Use of Appraiser
			Market Value
1. Land Acquisition		XXXX	
2. New Buildings or Plant Construction		XXXX	
3. Acquisition of Machinery and Equipment		XXXX	
4. Acquisition of Automotive Equipment		XXXX	
5. Acquisition of Office Furniture and Equipment		XXXX	
6. Other		XXXX	
7. Total (To Item 10 above)	\$0.00	XXXX	\$0.00

THE APPRAISER CERTIFIES that he has personally and thoroughly inspected the collateral as listed in this Report and has estimated the value of the collateral to be acquired. Furthermore, as of _____ the market values shown in the above Summary are fair and reasonable as of that date. Additional comments are attached to this Report.

Appraiser's Signature _____

Date of Report _____

REAL ESTATE OWNED

NAME (Applicant)	EMPLOYER ID NO.
ADDRESS (Include Zip Code)	RD Case No.

Parcel number _____ Title data: Title Insurance Abstract

Address of Realty Offered Other (indicate)

Realty in name of _____

Recorded: Book _____ Page _____

County _____

1. Land and land improvements (Do not include buildings-see Sec. 2 below) (Land improvements such as paving, utilities, fences, etc.)

Cost _____ Date acquired _____

Legal description (Attach if too long)*

* If available, attach plat survey. Total Acres: _____

2. Buildings (Show square footage of each) Cost (If separate from land) _____ Date acquired _____

Building description: List each building separately with brief description including size, type of construction, number of stories, date erected, use, and condition.

Assessed Value	
Land	_____
Improvements	_____
Taxes	_____

Rent if Applicable. _____ Month Annually Lease _____ Term of Lease

REAL ESTATE TO BE ACQUIRED

NAME (Applicant)	EMPLOYER ID NO.
ADDRESS (Include Zip Code)	RD Case No.

Parcel number _____

Title data:

Title Insurance

Abstract

Other (indicate)

Address of Realty Offered

1. Land and land improvements (Do not include buildings-see Sec. 2 below) (Land improvements such as paving, utilities, fences, etc.)

Cost _____

Legal description (Attach if too long) *

* If available, attach plat survey.

Total Acres: _____

2. Buildings (Show square footage of each) Cost (If separate from land) _____

Building description * : List each building separately with brief description including size, type of construction, number of stories, date erected, use, and condition.

Assessed Value	
Land	_____
Improvements	_____
Taxes	_____

*Identity if existing building or to be constructed

Rent if Applicable. _____ Month Annually Lease

Term of Lease _____

PERSONAL PROPERTY TO BE ACQUIRED

(And any fixtures not included with Real Estate or Building on Page 3)

The following described property is located or headquartered at Include zip code Location is owned Leased

Name of Applicant

RD Case No.

Table with columns: Classification, Item Name-Manufacturer-Make, Date to be Acquired, Model, Serial Number, New Used Rebuilt, COST, NET BOOK VALUE, For Use of Appraiser (Cond., Market Value)

Carry Totals of Each Classification to Page 1 (Summary) Lines 3, 4, 5, and 6. Total 0 0 XXX 0

BE SURE ALL ITEMS CAN BE READILY INSPECTED BY APPRAISER

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0570-0014. Public reporting for this collection of information is estimated to be approximately 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required by 7 CFR 1980 E, Business and Industrial Loan Programs. Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at ICRMRequests@usda.gov