This form is available electronically. FSA-2569 (08-14-08) Form Approved - OMB No. 0560-0233 (See Page 2 for Privacy Act and Public Burden Statements) U.S. DEPARTMENT OF AGRICULTURE Position 5 Farm Service Agency

## WARRANTY DEED

| THIS INDENTURE, made on the ( <i>a</i> )between ( <i>b</i> )                                     | day of , 20 , by and (GRANTOR) of the County of       |
|--|---|
| (c)  | , in the State of $(d)$ ,                             |
| whose mailing address is (e)   |   |
|  | and United States of America, acting through the Farm |
| Service Agency, whose mailing address is (f)   |   |
|  | (GRANTEE):  |
| WITNESSETH, That the GRANTOR, in consideration of the sum of                                     |   |
| <i>(g)</i>   | , and other valuable consideration                    |
| to them by the said GRANTEE, the receipt of which is hereby acknowledged does by these presents, |   |
| Grant, Bargain and Sell, Convey and Confirm, unto the GRANTEE and its assigns, the following     |   |
| described Lots, Tracts or Parcels of land, lying, being and situated in the County               |   |
| described Lots, Tracts of Fareers of faile, fying, being and studied in the County               |   |

of (*h*) \_\_\_\_\_\_, and State of (*i*) \_\_\_\_\_\_, to wit:

## See attached Exhibit A for legal description

TO HAVE AND TO HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the GRANTEE, and unto its heirs and assigns, FOREVER, the GRANTOR hereby covenanting that GRANTOR is lawfully seized of an indefeasible estate in fee in the premises herein conveyed; that GRANTOR has good right to convey the same; that the said premises are free and clear of any encumbrance done or suffered by GRANTOR or those under whom GRANTOR claim and that GRANTOR will WARRANT and DEFEND the title to the said premises unto the GRANTEE, and unto its heirs and assigns, FOREVER, against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the GRANTOR has hereunto set his hand the day and year first above written.

(j) Type Name

(k) Type Name

## ACKNOWLEDGEMENT

NOTE: The following statement are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq, and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information maybe furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of this form or its rejection. 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 0560-0233. The time required to complete this information collection is estimated to average 15 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 LOCAL FSA OFFICE.

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