

**FSA-2341**  
(12-31-07)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 5

**CERTIFICATION OF ATTORNEY**

**PART A - ADDRESS**

1. Attorney Name and Address  ┌ <span style="float: right;">┐</span>	2. FSA Office
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**PART B - REQUEST**

1. You have been selected by (a) \_\_\_\_\_

to prepare a title opinion/title insurance, and handle the loan closing in connection with the loan application filed with the Farm Service Agency (FSA) for property located at (b) \_\_\_\_\_ .

If you desire to do this work, please complete Part C and return this form to the FSA office immediately. FSA assumes no liability or responsibility for payment of any portion of the loan closing fees. Do not begin work on this case until you are notified by FSA that, based on the information presented, you have been approved.

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

**PART C - ATTORNEY CERTIFICATION**

1. I hereby certify that I:

- (a) am a practicing attorney;
- (b) am a member in good standing of the bar of (c) \_\_\_\_\_ ;
- (d) have current knowledge of the requirements of State law in connection with loan closing and title clearance;
- (e) and my spouse, children, or business associates do not have a financial interest in this property.

2. I will provide title clearance through the use of:

- (a)  a title opinion.
- (b)  a title insurance policy (either liability insurance and fidelity bond or a closing protection letter are required).

3. I am currently covered with Lawyer's Professional Liability Insurance in the amount of (a) \$ \_\_\_\_\_ per occurrence issued by (b) \_\_\_\_\_ of (c) \_\_\_\_\_ .

The deductible is (d) \$ \_\_\_\_\_ . The policy number is (e) \_\_\_\_\_ .

Coverage expires on (f) \_\_\_\_\_ .

I, and all of my employees and associates having access to the funds involved in this loan, are currently covered by a fidelity bond in the amount of at least (g) \$ \_\_\_\_\_ for each individual.

4A. Signature	4B. Date
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