Form Approved - OMB No. 0560-0237 Expiration Date 12-31-2025

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- 11	This form is available electronically. Expiration Date 12-31-2				
		MENT OF AGRICUL Service Agency	TURE	Position	
PRELIMINARY TITLE OPINION					
1.	Applicant's exact full legal name	2. Address o	f property covered by opinion		
3.	3. County				
4.	4. I have examined title to the real property described in the attacher rights are described in the attached <b>Schedule B</b> (such real propin connection with a loan to be made by the United States of An Service Agency (called "Government").	erty, water rights	s, or both, called "the property"), offered as	s security	
5.	5. My examination covered the period commencing with (a)		, filed for record on (b)	, at	
	(c)	, at <i>(e)</i>	□ AM □ PM.		
6.	6. Based on said examination and any additional information cond that title to the property, subject only to the encumbrances, rese instrument authorizing future advances which would have prior set forth at the end of the description, is vested in the following	ervations, except ority over the prop	ons, and defects, and the provisions of any	y security	
7.	7. In order to vest good and marketable title in fact to the property to the encumbrances, exceptions, and reservations which under following satisfactions, releases, payments, quit claim deeds, we must be obtained and, unless otherwise indicated, recorded:	written authoriza	ntion from Government may remain outsta	nding, the	
8.	8. The names of the parties, in addition to the applicant, who must and clear of dower, courtesy and homestead rights, are:	t execute the secu	urity instrument in order to give Governme	nt a lien free	

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9. I will assist in closing the loan and promptly render a supplemental opinion covering the interval from the terminal date of the search covered by this Opinion to the time when the real estate security instrument and any other necessary instruments executed in connection with the loan are filed for record.

I have made the title examination, and issue this Opinion. This Opinion is issued expressly for the benefit of the above-named applicant and Government and I assume liability to each hereunder.		
10(a) Signature	10(b) Date	

NOTE: The following statements 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, as amended (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, 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, 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 Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application 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 0560-0237. The time required to complete this information collection is estimated to average 90 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.**