

FSA-2476  
(03-29-12)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

Position 5

**TRANSFER OF REAL ESTATE SECURITY**

**PART A - GENERAL**

1. Transferor's Name		2. Transferee's Name			
3A. Real estate to be transferred		3B. Current value  \$			
4A. Other property, besides real estate, to be transferred		4B. Current value  \$			
5. Reasons for transfer					
6. Amount in Supervised Bank Account  \$		7. Planned disposition of funds in Supervised Bank Account			
8. Development to be completed, estimated cost, and source of funds					
9A. Prior lien \$		9B. Is consent of prior lienholder required?		YES	NO
10A. Junior lien \$		10B. Is consent of junior lienholder required?			
11. Taxes and assessments due and payable \$		12. Date transfer to be complete		13. Transferee operating/occupying property. If "NO" expected Date:	
14. If property is operated, occupied, or leased by other than transferee, provide terms and conditions of occupancy or lease:					
15. Direct debts owed FSA to be transferred:					
A. Loan Number	B. Amount	C. Security	D. Comment		
	\$				
	\$				
	\$				

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**PART B – AGREEMENTS BETWEEN TRANSFEROR AND TRANSFEREE**

Transferor and transferee certify that the agreements reached for the transfer of security are made between transferor and transferee and the information provided herein is correct and fully understood by each.

1. Total consideration for transfer of security is		\$
2. Payment or assumption of prior liens:		
3. Payment or assumption of junior liens:		
4. Payment of taxes (Including current year's taxes):		
5. Assignment of property insurance and paid unearned premiums:		
6. Distribution of income from rentals, easements, mineral leases, etc.:		
7. Disposition of existing abstracts of Title, Owner's Title Insurance Policy or other title evidence:		
8. Expenses to be paid by Transferor:		
9. Expenses to be paid by Transferee:		
10. Transferee will:		AMOUNT
(a) assume an indebtedness to FSA of		\$
(b) assume indebtedness to		\$
(c) assume indebtedness to		\$
(d) pay transferor (as equity) (Part B, Item 1 minus, Items 10(a), 10(b), and 10(c))		\$

**PART C – SIGNATURES**

1A. Transferor Signature		1B. Date	
2A. Transferee Signature		2B. Date	
3A. Authorized Agency Official Name	3B. Title		
3C. Signature		3D. Date	

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 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 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 COUNTY FSA OFFICE.***