

CASE NUMBER:
Form FSA-2400-6 CA (08-26-09)
Recording Requested By
The United States of America,
Acting Through Farm Service Agency

WHEN RECORDED MAIL TO:
Name
Street
Address
City &
State

Space Above This Line For Recorder's Use

ASSIGNMENT OF DEED OF TRUST FOR CALIFORNIA
(As Collateral)

("Assignor") grants and assigns to the UNITED STATES OF AMERICA, acting through the Farm Service Agency, ("Assignee")
the beneficiary's interest under the deed(s) of trust executed by (a)

as trustor(s) to (b)

as trustee(s), dated and recorded in the Official Records of (c) County, State
of California, as follows:

<u>Date of Deed of Trust</u>	<u>Date Recorded</u>	<u>Book or Volume No.</u>	<u>Page, File No. and/or Document No.</u>	<u>Instrument Number</u>
(d)				

FOR THE PURPOSE OF SECURING:

- (1) Repayment of the following note(s) or assumption agreement(s) according to their terms ("the note"):

<u>Date of Note</u>	<u>Principal Amount</u>
(e)	\$

but only when the note is held by the above-named Assignee ("The Government") or assigned by the Government
without insuring repayment of the note; or

- (2) Assignor's agreement to indemnify the Government against loss under its insurance contract whenever the Government
assigns the note and insures its repayment; and
- (3) All other obligations specified in any deed of trust, mortgage, security agreement, assignment, or other agreement between
Assignor and Assignee, including any obligation to repay future advances.

IT IS FURTHER AGREED THAT:

- (a) The provisions of all other agreements between Assignor and Assignee are made a part hereof.

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- (b) Assignor has endorsed and delivered to Assignee all notes secured by the deed(s) of trust hereby assigned on condition that Assignee will redeliver them when the obligations secured by this Assignment have been satisfied.**
- (c) This assignment is binding on the parties hereto and their heirs, successors and assigns, but the Government's rights to indemnity under its insurance contract and any collateral for them shall not run to a holder of the note insured by the Government.**

EXECUTED ON

_____ **Date**

ACKNOWLEDGEMENT

[Insert Applicable ACKNOWLEDGEMENT from 4-FLP, CA Exhibit 1]