

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 2

1. Borrower's Name	2. FSA Account Number			3. FSA Loan Number
	A. State Code	B. County Code	C. FSA ID NUMBER	

Attach additional supporting material as necessary. Attach this form to a complete FSA-2254 and submit to FSA for loss claim payment.

4. GUARANTEED LOAN BALANCE:

5. RATES AND TERMS:

6. BALANCE AVAILABLE	\$
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B. Available for Repayment on Guaranteed Loan - - - - -	\$
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7. PRESENT VALUE (NOTE: <i>Item 7 must be equal to or greater than Item 14 in order to obtain debt writedown. If Item 7 is less than Item 14, the account should be liquidated.</i>) If annual amortization (<i>Item 6B Divided by Item 5C</i>) OR If monthly amortization (<i>Item 6B Divided by 12 Months Divided by Item 5C</i>) Note: If the amortization factor is from a table used to amortize a loan of \$1,000, the decimal point must be moved 3 spaces to the left.	\$ _____
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8A. MARKET VALUE OF REAL ESTATE SECURITY	\$
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9. EXPECTED INCOME OR VALUE INCREASE FOR REAL ESTATE SECURITY (Rental	
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104. MARKET VALUE OF CHATTEL SECURITY	(thous)	\$
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10B. Estimated Time for Final Disposition	
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11. TOTAL VALUE OF SECURITY (Items 8A plus 9 plus 10A)	(equal)	\$
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(1) Real Estate	(plus)	\$
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	(plus)	e
C. Essential Dangers (Attack Estimates)		

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PART B - NET RECOVERY VALUE CALCULATIONS FOR GUARANTEED WRITEDOWNS, Continued12. EXPENSES OR VALUE DECREASE, *Continued*

D. Other Costs

(1) Closing costs ----- (plus) \$

(2) Surveys ----- (plus) \$

(3) Freight ----- (plus) \$

(4) Outside Environmental or Technical Assessments ----- (plus) \$

E. Advertising ----- (plus) \$

F. Commissions

(1) Real Estate ----- (plus) \$

(2) Equipment ----- (plus) \$

(3) Livestock ----- (plus) \$

G. Interest Cost - Interest accrual for additional 210 days from the payment due date.
(Attach Ledger) ----- (plus) \$

H. Other Expenses (Describe) _____ (plus) \$

I. Hazardous Waste Removal (*Attach Estimate*) ----- (plus) \$13. **TOTAL COSTS** (*Add Items 12A through 12I*) (equal) \$14. **NET RECOVERY VALUE** (*Item 11 minus Item 13*) \$**PART C - LOSS CLAIM CALCULATIONS**15. TOTAL LOAN BALANCE (*Item 4C*) \$16. PRESENT VALUE (*Item 7*) \$17. DIFFERENCE (*Item 15 minus Item 16*) \$18. REMAINING LOAN BALANCE (*Item 15 minus Item 17*) \$19. WRITEDOWN LOSS CLAIM (_____ % *Guarantee times Item 17*) \$

20. Remarks, Attachments

21A. Authorized Lender's Signature

21B. Title

22. Date

23. Office Location

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, (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 0560-0155. The time required to complete this information collection is estimated to average 2 hours 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.**