

Form Approved – OMB No. 0560-0237  
OMB Expiration Date: XX/XX/XXXX  
(See Page 2 for Privacy Act and Public Burden Statements)

<b>FSA-2319 ND</b> (XX-XX-25)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	Position 5
<b>AGREEMENT WITH PRIOR LIENHOLDER</b>		

1. **WHEREAS** (a) \_\_\_\_\_

(Mortgagee) is the holder of a certain (b) \_\_\_\_\_  
(Security Instrument) recorded in Book No. (c) \_\_\_\_\_ Page (d) \_\_\_\_\_,  
of the (e) \_\_\_\_\_ Records of (f) \_\_\_\_\_  
County; (g) \_\_\_\_\_.

2. **WHEREAS** \_\_\_\_\_

(Mortgagor) is the owner of certain real estate described in the above listed security described in the above listed security instrument and on EXHIBIT A attached; and

3. **WHEREAS**, Mortgagor has applied to the United States of America, United States Department of Agriculture, acting through the Farm Service Agency (Government), for a loan to be secured by a mortgage, deed of trust, or other security instrument that will be subject to the Security Instrument held by or the benefit of Mortgagee;

4. **THEREFORE**, in consideration of the making of the loan by the Government, Mortgagee, for Mortgagor's self, heirs, executors, administrators, successors, and assigns does hereby agree:

(a) That, for foreclosure proceeding will not begin unless the Government is provided prior written notice by certified mail not later than the date the notice before foreclosure is provided to the borrower under North Dakota Century Code 32-19-20. This notice will be sent to the following address:

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(b) That the Government may, at its option cure any monetary default by paying the amount of the Mortgagor's delinquent payments to the Mortgagee or pay the obligation in full and the Mortgagee will assign the lien to the Government subject to any provisions for borrower rights incorporated therein or otherwise applicable to the Mortgagor as stated in statute or regulation.

(c) That to the extent the Security Instrument(s) secures future advances, which have priority over the Government's security instrument, no advances for purposes other than taxes, insurance or payment on other prior liens will be made under any future advance feature of the Mortgagee's Security Instrument without the written consent of the Government except that Mortgagee may readvance within an existing lien of credit up to the

existing maximum principal borrowing limit; and

(d) This agreement includes consent to the Government for making loans and taking the related mortgage notwithstanding any provision of the Mortgage which prohibits a loan or mortgage without the Mortgagee's consent.

**5. IN WITNESS WHEREOF**, Mortgagee has executed this Agreement by signing on the (a) \_\_\_\_\_ day of (b) \_\_\_\_\_, (c) 20\_\_\_.

BY (d) \_\_\_\_\_

TITLE (e) \_\_\_\_\_

## **6. ACKNOWLEDGMENT**

**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 0560-0237. The time required to complete this information collection is estimated to average 30 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.**

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