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Form RD 449-2 (Rev. 7-97)

Position 5 UNITED STATES DEPARTMENT OF AGRICULTURE **RURAL DEVELOPMENT**

FORM APPROVED OMB NO. 0570-0014 Exp. Date: MM/DD/YY

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STATEMENT OF COLLATERAL

OFFERED BY APPLICANT AS SECURITY FOR LOAN AND APPRAISER'S VALUATION REPORT

NAME (Applicant)

EMPLOYER ID NO.

RD CASE NUMBER

ADDRESS (Include Zip Code)

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SUMMARY COLLATERAL OFFERED For Use of CLASSIFICATION Net Book Value Appraiser Cost Market Value 1. Land and land improvements 2. Buildings 3. Machinery and Equipment 4. Automotive Equipment 5. Office Furniture and Equipment 6. Other \$0.00 \$0.00 \$0.00 7. Total Presently Owned Collateral 8. Real and personal property liens XXXX (Not to be paid from loan) 9. Equity in Collateral XXXX 10. Collateral to be acquired (Total Cost) \$0.00 \$0.00 XXXX \$0.00 \$0.00 \$0.00 11. Total SUMMARY OF COLLATERAL TO BE ACQUIRED For Use of CLASSIFICATION Exact Cost Appraiser Market Value XXXX 1. Land Acquisition 2. New Buildings or Plant Construction XXXX XXXX 3. Acquisition of Machinery and Equipment XXXX 4. Acquisition of Automotive Equipment 5. Acquisition of Office Furniture and Equipment XXXX XXXX 6. Other \$0.00 \$0.00 7. Total (To Item 10 above) XXXX

THE APPRAISER CERTIFIES that he has personally and thoroughly inspected the collateral as listed in this Report and has estimated the value of the collateral to be acquired. Furthermore, as of the market values shown in the above Summary are fair and reasonable as of that date. Additional comments are attached to this Report. Appraiser's Signature

Date of Report

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	REAL ESTATE OWNED	
VAME (Applicant)		EMPLOYER ID NO.
DDRESS (Include Zip Code)		RD Case No.
arcel number	Title data: Title	e Insurance Abstract
ddress of Realty Offered	U Oth	er (indicate)
	Realty in name of	
	Recorded: Book	Page
	County	
1. Land and land improvements (Do not include bu	ildings-see Sec. 2 below) (Land imp	rovements such as paving, utilities, fences, e
Cost	Date acquired	
Legal description (Attach if too long)*		
* If available, attach plat survey.	Total Acres:	
2. Buildings (Show square footage of each) Cost (If	f separate from land)	Date acquired
	· / ·	
Building description: List each building separate	ly with brief description including si	ze type of construction number of stories
date erected, use, and condition.	ny with other description mendeling si	ze, type of construction, number of stories,
		Assessed Value
		Land
		Improvements
		Taxes
Rent if Applicable.	Month Annually Lease	
	Month Annually Lease	renn or Lease
arry Totals to Page 1		
Summary) Lines 1 and 2 Close Save	2 of 6	Submit

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	REAL ES	TATE TO BE A	ACQUIRED		
NAME (Applicant)					EMPLOYER ID NO.
ADDRESS (Include Zip Code)					RD Case No.
Parcel number		Title data:		nsurance	Abstract
Address of Realty Offered			Other ((indicate)	
1. Land and land improvements (Do not	ot include buildings-se	ee Sec. 2 below) (Land improv	ements suc	ch as paving, utilities, fences, etc
Cost		_			
Legal description (Attach if too long	g) *				
* If available, attach plat survey.		Total A	cres.		
2. Buildings (Show square footage of e	each) Cost (If separate	from land)			
Building description * : List each bu	uilding separately with	brief description	on including si	ze, type of	construction, number of stories,
date erected, use, and condition.		-	-		
			Γ		Assessed Value
				Land	
¥T1 //	4 1			-	nts
*Identity if existing building or to be c					
Rent if Applicable.	Mont	h 🗌 Annual	ly 🗌 Lease		Term of Lease
Commy Totals to Deces 1					
Carry Totals to Page 1 (Summary) Lines 1 and 2		3 of 6			
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PERSONAL PROPERTY	
(And any fixtures not included with Real Estate or Bu	uilding on Page 2)
The following described property	Name of Applicant
is located or headquartered at	
Include zip code	RD Case No.
Location is owned Leased	

Applicants will make an ACTUAL PHYSICAL INVENTORY OF THE PERSONAL PROPERTY being offered as collateral DO NOT TAKE FROM BOOK RECORDS. List each item in accordance with the classification numbers on page 1, e.g.

*(3) Machinery and Equipment (4) Automotive Equipment (5) Office furniture and equipment (6) Other for example: jigs, dies, fixtures, airplanes, etc. (List property at different locations on separate pages)

Classification	Date to		~ • •	New		NET	For Use	e of Appraiser
Item Name-Manufacturer-Make	be Acquired	Model	Serial Number	Used Rebuilt	COST	BOOK VALUE	Cond.	Market Value
Carry Totals of Each Class (Summary) Lines 3, 4, 5, a	sification to Pa and 6.	ge 1		Total	0	0	XXX	0
	E ALL ITEMS	CAN BE F	EADILY IN	NSPECTE	D BY APPRA	AISER	1 1	

1,

(Signature of owner, partner, or corporation officer)

(Title)

of the

(Name of Firm)

I certify that the above machinery and equipment listing represents an *actual physical inventory* taken on (date) Mark items (in column 2) with an asterisk if they are subject to conditional bills of sale or liens the balance of which will not be paid off from a loan. Show total of such items on line 8, page I (Summary).

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(And	CONTIN any fixtures no		OF PERSON with Real Es			2)		
The following described property is located or headquartered at Include zip code Location is owned Leased					Name of Ap	plicant		
Classification	Date to	Model	Serial	New Used	0007	NET BOOK	For Us	e of Appraiser Market
Item Name-Manufacturer-Make	be Acquired	Model	Number	Rebuilt	COST	VALUE	Cond.	Value
Commer Total f.F1- 01	ification to D	go 1						
Carry Totals of Each Class (Summary) Lines 3, 4, 5, a	E ALL ITEMS			Total		0 ISED	XXX	0

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(And	PERSO1 any fixtures no		ERTY TO B			2)		
The following described property is located or headquartered at	any fixtures no	n menudeu v	with Real Es		Name of Ap			
Include zip code Location is owned Leased				_	RD Case No	•		
Classification	Date to		Serial	New		NET	For Use	e of Appraiser
Item Name-Manufacturer-Make	be Acquired	Model	Number	Used Rebuilt	COST	BOOK VALUE	Cond.	Market Value
				1				
Carry Totals of Each Class	sification to Pa	.ge 1		Total	0	0	XXX	0
(Summary) Lines 3, 4, 5, a								0





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A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0570-0014. Public reporting for this collection of information is estimated to be approximately 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required by 7 CFR 1980 E, Business and Industrial Loan Programs. Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at <u>ICRMTRequests@usda.gov</u>

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