

Used by Agency official or other searcher to annotate type and period of liens against property being offered as security.

Position 1

This form is available electronically. Form Approved - OMB No. 0560-0162

FSA 440-13 U.S. DEPARTMENT OF AGRICULTURE 1. FSA OFFICE NAME AND ADDRESS (Including ZIP Code)
(11-02-04) Farm Service Agency

REPORT OF LIEN SEARCH

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, as amended (7 USC, 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance; service year/loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, 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, package 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 an application 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 0560-0162. 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.

2A. NAME OF APPLICANT (Last, First, Middle) 3A. NAME OF CO-APPLICANT (Last, First, Middle)

2B. KNOWN AS: 3B. KNOWN AS:

4. ADDRESS OF APPLICANT (Including ZIP Code) 5. NAME OF COUNTY

6. RECORDS SEARCHED FOR (County or State)

7. TYPES OF LIEN AND PERIOD OF SEARCH:

A. Financing Statements (Or other instruments filed as such) _____ Years G. State Tax Liens _____ Years

B. Chattel Mortgages _____ Years (Deeds of Trust, Bills of Sale to Secure Debt) H. Federal Tax Liens Eleven Years and One Month

C. Crop Mortgages _____ Years I. Attachments _____ Years

D. Conditional Sale Contracts (Title Retained) _____ Years J. Judgments _____ Years

E. Personal Property Tax _____ Years K. Executions _____ Years

F. Other _____ Years (Specify)

8. Date Lien Search Requested (MM-DD-YYYY) 9. Requested By

10. COMPLETED BY SEARCHER

A.	B.	C.	D.	E.	F.	G.
TYPE OF LIEN OR INSTRUMENT	DATE FILED (MM-DD-YYYY)	FILE OR BOOK AND PAGE NUMBER	AMOUNT (If Shown)	DUE DATE (If Shown)	TO WHOM GIVEN OR ASSIGNED (Name and Address)	DESCRIPTION OF PROPERTY

I have made the searches checked above and have listed all liens, or instruments not charged, or terminated, affecting the personal property or fixtures of the person(s) named in the first line of this report.

11A. SIGNATURE 11B. TITLE 11C. DATE (MM-DD-YYYY) 11D. HOUR

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

(SEE REVERSE)

- PROCEDURE FOR PREPARATION : FSA Transferred Instruction 1941-B
- PREPARED BY : Agency Official, Attorney or Representative.
- NUMBER OF COPIES : Original and 1 copy.
- SIGNATURE REQUIRED : Person completing the lien search.
- DISTRIBUTION OF COPIES : Original to case file and copy to person completing lien search.

INSTRUCTIONS FOR PREPARATION

FSA Authorized Official will complete Items 1 through 9 and Item 17. FSA Authorized Official or other Searcher will complete Items 10 through 16.

Items 1 - 9 to be completed by FSA.

Fld Name / Item No.	Instruction
1 FSA Office Name and Address	Enter the name and address of the FSA office requesting lien search.
2 Name of Applicant	Item 2A. Enter the name of the applicant. Item 2B. Enter alias or other names used. (Search all individuals or entity members pledging security for the loan).
3 Name of Co-Applicant	Item 3A. Enter the name of the co-applicant. Item 3B. Enter alias or other names used.
4 Address of Applicant	Enter the complete mailing address of the applicant including zip code.
5 Name of County	Enter the County of the applicant's residence.
6 Records Searched For	Enter either the name of the County or State depending on the type of search being conducted. (ie., County – liens, mortgages or State - UCC).
7 Types of Lien and Period of Search	Items A – K. Enter an “X” in the appropriate box(es) to indicate the type of lien for which records are being searched and annotate the number of years to be searched.
8 Date Lien Search Requested	Enter the date the search must be completed.
9 Requested By	Enter the name of the Agency Official requesting the lien search.

Items 10 - 16 to be completed by FSA or Searcher.

Fld Name / Item No.	Instruction
10A Type of Lien or Instrument	Enter the document relating to the lien search specified in Item 7.
10B Date Filed	Enter the filing date of document in Item 10A.
10C File or Book and Page Number	Enter the File or Book and Page Number listed on the recorded document.
10D Amount	Enter the dollar amount on the document listed in Item 10A, if shown on the instrument.
10E Due Date	Enter the maturity or due date on the document in Item 10A, if shown.
10F To Whom Given or Assigned	Enter the name and address of the assignee of the instrument (mortgagee, beneficiary, etc.) in Item 10A.
10G Description of Property	Enter the description of the property offered as security on the instrument listed in Item 10A.
11A Signature	Enter the signature of the person conducting the search.
11B Title	Enter the title of the person conducting the search.
11C Date	Enter the date form is completed. (MM-DD-YYYY)
11D Hour	Enter the time the search is completed. (i.e., 3:15 pm)
12 Continuation of Lien Search	Items 12A through 12G are used to update a previous search from the date and time annotated in Items 11C and 11D above. (Complete only if this is a subsequent search).
13A Signature	Enter the signature of the person conducting the search.
13B Title	Enter the title of the person conducting the search.

Fld Name / Item No.	Instruction
13C Date	Enter the date form is completed. (MM-DD-YYYY)
13D Hour	Enter the time the search is completed. (i.e., 3:15 pm)
14 Continuation of Lien Search	Items 14A through 14G are used to complete a subsequent update of a previous search from the date and time annotated in Items 13C and 13D above.
15A Signature	Enter the signature of the person conducting the search.
15B Title	Enter the title of the person conducting the search.
15C Date	Enter the date form is completed. (MM-DD-YYYY)
15D Hour	Enter the time the search is completed. (i.e., 3:15 pm)
16 Remarks	Enter any remarks or comments.

Item 17 to be completed by FSA.

17 Name	Enter the name of the FSA official requesting the lien search.
------------	--

