CERTIFICATION OF ATTORNEY

SUBJECT:

TO:

You have been selected by

to prepared a title opinion/title insurance, and handle the loan closing in connection with Rural Housing Service (RHS) or Farm Service Agency (FSA) loan application filed by this party. If you desire to do this work, please complete the bottom portion of this form and return it to this office immediately. You are cautioned not to begin work on this case until you are notified by the approval official that based on the information presented you have been approved by RHS/FSA.

RHS/FSA Official

I hereby certify that I am a practicing attorney, a member in good standing of the bar of ______

I will provide title clearance through the use of:

a title opinion.
a title insurance policy (when issuing a title insurance policy, that includes a closing protection letter, liability insurance and a fidelity bond are not required).

I am currently covered with Lawyer's Professional Liability Insurance in the amount \$ _____ per

occurrence issued by ______ of _____. The deductible is

\$ _____. The policy number is _____. Coverage expires on _____.

I and all of my employees and associates having access to the funds involved in an RHS/FSA loan are currently covered by a fidelity bond in the amount of at least \$ ______ for each individual.

Attorney

RHS/FSA Approval Official

() Approved () Not Approved

Form RD 1927-19

According to the Paperwork Reduction Act of 1995, no persons are 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 0575-0147. The time required to complete this information collection is estimated to average 10 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.

Date

Date:

Form RD 1927-19 (Rev. 11-99)