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<b>FSA-441-10</b> (08-08-03)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>NONDISTURBANCE AGREEMENT</b>	1. Date of Agreement (MM-DD-YYYY)
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In consideration of loan(s) to be made by the United States of America, acting by and through the Farm Service Agency, to

(a) \_\_\_\_\_  
 (Borrower's Name)

of (b) \_\_\_\_\_  
 (Borrower's Address)

during the year (c) \_\_\_\_\_, I hereby agree not to repossess or otherwise disturb until (d) \_\_\_\_\_  
 (Year) (Month, Day and Year)

the property of the borrower without obtaining prior written consent from the Farm Service Agency.

**2. SIGNATURE OF INDIVIDUAL ASSIGNOR AND WITNESS: If Assignor is an individual, complete Item 2.**

A. Signature of Individual Assignor:	E. Signature of Individual Assignor:
B. Name and Address (Including Zip Code) of Individual Assignor:	F. Name and Address (Including Zip Code) of Individual Assignor:
C. Name of Witness:	G. Name of Witness:
D. Signature of Witness:	H. Signature of Witness:

**3. SIGNATURE OF ENTITY ASSIGNOR AND WITNESS: If Assignor is an entity, complete Item 3.**

A. Attest (If Corporation) (Corporation Seal)	E. Name and Address (including Zip Code) of entity.
B. Secretary's Signature	F. Entity Telephone Number (Area Code)
C. Witness - unless executed by Corporation: Enter Signature (Type Name)	G. By (Title i.e. President, Partner, Trustee:)
D. Witness - unless executed by Corporation: Enter Signature (Type Name)	H. Signature of the President, Partner or Trustee
	I. By (Title of other signing parties)
	J. Signature of other partners or parties:

**4. FOR FSA USE ONLY**

4A. FSA COUNTY OFFICE RETURN ADDRESS (Including Zip Code)	4B. FSA County Office Telephone Number (Area Code)
	4C. FSA County Fax Number (Area Code)

**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 your 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, 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 an application or its rejection.

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**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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