

CCC-686 (06-13-03)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. NAME AND ADDRESS OF COUNTY FSA OFFICE TELEPHONE NO. (Including Area Code):
APPLICATION FOR LOAN OR LOAN DEFICIENCY PAYMENT BY HEIRS (On a commodity produced by a person who has died)		2. ST. & CO. CODE
		3. APPLICATION NO.
		4. CROP YEAR
		5. COMMODITY

See Page 2 for Privacy Act and Public Burden Statements.

6. NAME OF DECEASED PERSON	7. DATE OF DEATH (MM-DD-YYYY)	8. DEATH OCCURRED BEFORE HARVEST <input type="checkbox"/> AFTER HARVEST <input type="checkbox"/>
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9. PERSONS INHERITING COMMODITY (Name and address)	10. RELATIONSHIP TO DECEASED
11. NAMES OF PERSONS ASSUMING FARMING UNIT (Include heirs in Item 9) (Address if not already listed in Item 9)	12. RELATIONSHIP TO DECEASED OR CAPACITY

If any person shown in Item 9 or 11 above is a minor or incompetent, furnish the following:

13. NAME OF MINOR OR INCOMPETENT	14. NATURE OF DISABILITY (if any)	REPRESENTATIVE OF PERSON SHOWN IN ITEM 13	
		15. NAME AND ADDRESS	16. CAPACITY (Guardian, Custodian, Conservator, Liquidator, etc.)

17. CERTIFICATIONS (To be certified to and by each person shown in items 9 and 11 or his or her representative shown in item 15 who is requesting a loan or LDP.)

The undersigned hereby certifies that 1/

A. The person shown in item 6 died on the date shown and he or she produced the commodity identified above in the crop year shown.

B. The decedent and the commodity he or she produced were eligible for loan or LDP and that the persons shown in Item 9 have inherited the decedent's interest in the commodity shown above.

C. (1) There has not been nor is it contemplated that there will be administration or probate of the estate or (2) administration or probate of the estate is closed.

D. The persons listed in Items 9, 11, and, if applicable 13, are the only persons who have inherited or otherwise acquired an interest in the commodity and farming unit of the decedent described in this form.

E. Each of such persons requests that (1) a loan be continued or disbursed, or (2) an LDP be made.

F. Are you or any co-applicant delinquent on any federal non tax debt? YES NO (If "YES", provide details):

SIGNATURE	DATE (MM-DD-YYYY)	SIGNATURE	DATE (MM-DD-YYYY)
SIGNATURE	DATE (MM-DD-YYYY)	SIGNATURE	DATE (MM-DD-YYYY)
SIGNATURE	DATE (MM-DD-YYYY)	SIGNATURE	DATE (MM-DD-YYYY)

18. CERTIFICATION OF COUNTY COMMITTEE

The undersigned certifies that each applicant whose signature appears above has the authority to act in the capacity indicated; that the right of the applicant(s) to file this application was determined in accordance with the regulations of the Department of Agriculture; and that the statements contained herein have been examined and are true and correct to the best of my knowledge and belief.

FOR THE COUNTY COMMITTEE	DATE (MM-DD-YYYY)
BY	

1/ Section 15 (a) of the Commodity Credit Corporation Charter Act (62 Stat. 1070) provides a fine of not more than \$10,000 or not more than five years imprisonment for making any statements knowing it to be false for the purpose of influencing the action of the Corporation or of obtaining money under any act applicable to the Corporation.

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.

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Parts 718 and 1421. The information will be used to determine eligibility and the amount of program benefits. This data will be used when heirs of an estate wish to obtain or continue a loan or request LDP. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, 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 0560-0087. The time required to complete this information collection is estimated to average 15 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.***