Recorded: 11/16/2020 at 3:19:46.0 PM
County Recording Fee: $12.00
Iowa E-Filing Fee: $3.00
Combined Fee: $15.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 4225

Prepared By:

Kim Naber	FSA, 200 S. 12th St. Manchester, IA 52057	563-927-4250
(Name)	(Address)	(Telephone No.)

Return To:

Farm Service Agency	200 South 12th St. Manchester, IA 52057	563-927-4250
(Name)	(Address)	(Telephone No.)

This form is available electronically.

Form Approved – OMB No. 0560-0237

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

FSA-2319 IA (02-10-12)	**U.S. DEPARTMENT OF AGRICULTURE** Farm Service Agency	Position 5

AGREEMENT WITH PRIOR LIENHOLDER

1. **WHEREAS** *(a)* Farm Credit Services of America 1301 W Main St. Manchester, IA 52057 (Mortgagee) is the holder of a certain *(b)* Real Estate Mortgage (Security Instrument) recorded in Book No. *(c)* 2020 Page *(d)* 4214, of the *(e)* County Recorder's Records of *(f)* Delaware County; *(g)* State of Iowa.

2. **WHEREAS** Anthony William Ries, a single person (Mortgagor) is the owner of certain real estate described in the above listed security instrument; and

3. **WHEREAS**, Mortgagor has applied to the United States of America, United States Department of Agriculture, acting through the Farm Service Agency (Government), for a loan to be secured by a mortgage, deed of trust, or other security instrument that will be subject to the Security Instrument held by or the benefit of Mortgagee;

4. **THEREFORE**, in consideration of the making of the loan by the Government, Mortgagee, for Mortgagee's self, heirs, executors, administrators, successors, and assigns does hereby agree:

(a) That, if not required under State law, foreclosure proceedings will not begin unless the Government is provided prior written notice by certified mail not later than the date the notice to cure is provided to the borrower. This notice will be sent to the following address:

Farm Service Agency
200 South 12th St.
Manchester, IA 52057

(b) That the Government may, at its option cure any monetary default by paying the amount of the Mortgagor's delinquent payments to the Mortgagee, or pay the obligation in full and the Mortgagee will assign the lien to the Government including any provisions for borrower rights.

(c) That to the extent the Security Instrument secures future advances, which have priority over the Government's security instrument, no advances for purposes other than taxes, insurance or payment on other prior liens will be made under any future advance feature of the Mortgagee's Security Instrument without the written consent of the Government; and

(d) That this agreement includes consent to the Government for making loans and taking the related mortgage notwithstanding any provision of the Mortgage which prohibits a loan or mortgage without the Mortgagee's consent.

5. **IN WITNESS WHEREOF,** Mortgagee has executed this Agreement by signing on the *(a)* 13 day of *(b)* November , *(c)* 2020 .

BY *(d)* _____

TITLE *(e)* Mark H. Engelbrecht, Assistant Corporate Secretary

6. ACKNOWLEDGMENT

State of Iowa }
County of Delaware } ss.

On this 13th day of November , 2020 before me personally appeared Mark H. Engelbrecht, to be known to me to be the same person(s) whose name is subscribed to the foregoing instrument, and acknowledged that he signed and delivered the instrument as his free and voluntary act, for the uses and purposes set forth.

My commission expires:

NOTARIAL SEAL IOWA
DANIELLE M. GOEBEL
Commission Number 767296
My Commission Expires
5-4-2023

_____
Notary Public

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes 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 0560-0237. 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.***

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