Recorded: 8/5/2024 at 8:47:06.0 AM

County Recording Fee: \$12.00

lowa E-Filing Fee: \$3.00 Combined Fee: \$15.00 Revenue Tax: \$0.00 Delaware County, Iowa Daneen Schindler RECORDER

BK: 2024 PG: 1887

Prepared By:		
TV frame NT = 1s and	FSA, 200 S. 12 <sup>th</sup> St.	
Kim Naber (Name)	Manchester, IA 52057	563-927-4250
Return To:	(Address)	(Telephone No.)
Return 10.	200 South 12 <sup>th</sup> St.	
Farm Service Agency	Manchester, IA 52057	563-927-4250
(Name)	(Address)	(Telephone No.)
This form is available electronically.		proved – OMB No. 0560-0237
ECT 2310 XI	(See Page 2 for Privacy Act and Paperwo	
	CPARTMENT OF AGRICULTURE	Position 5
(02-10-12)	Farm Service Agency	
AGREEN	MENT WITH PRIOR LIENHOLDER	
1. WHEREAS (a) Farm Credit Service	es of America, FLCA	
1301 West Main St. Manchester, IA 52	057	
(Mortgagee) is the holder of a certain (b) Real	l Estate Mortgage	
(Security Instrument) recorded in Book No. (c)	<b>J024</b> Page (d)	1880
of the (e) County Recorder's		Delaware ,
County; (g) State of Iowa		0347420
		<u> </u>
2. WHEREAS Benjamin David Mulli	s, a single person	
(Mortgagor) is the owner of certain real estate de	escribed in the above listed security instrument:	and
3. WHEREAS, Mortgagor has applied to the U	nited States of America, United States Department	ent of Agriculture, acting
through the Farm Service Agency (Government) instrument that will be subject to the Security In:	, for a foan to be secured by a mortgage, deed of	i trust, or other security
institution that will be subject to the security in	strument held by of the benefit of Wortgagee,	
4. THEREFORE, in consideration of the making	ng of the loan by the Government. Mortgagee, fo	or Mortgagee's self heirs
executors, administrators, successors, and assign	s does hereby agree:	er riveregagee a beir, mens,
(a) That if not required under State laxy for	aclosure proceedings will not begin upless the	Savramanant is muscided muien
written notice by certified mail not later than the	eclosure proceedings will not begin unless the C	ver
This notice will be sent to the following address:	and the notice to cure is provided to the bollow	YOL.
Farm Service Agency		
200 South 12 <sup>th</sup> St.		
Manchester TA 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 V	WITNESS WI	TEREOF, Mo	ortgagee has exec	uted this Agreeme	ent by signing on the (a)	1st	day
of <i>(b)</i>							
BY	(d) <b>S</b>	A Ta					
TITLE	(e) Scot	t Funke, E	inancial Off	icer			
	of Iowa y of Delawa	} re } :	6. A	CKNOWLEDGI	MENT		
ne to acknow	be the sam vledged tha	e person(s) t (he or sl	) whose name	is subscribed d delivered th	appeared _Scott Funk to the foregoing inst ne instrument as (his	rument, and	
ly con	mmission ex	pires:	ERICA A Notarial So Commission Nu My Commission Ex	eal - Iowa Imber 785871		^	
	September 2	2, 2026	_		Notary Publi	fore	

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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