Recorded: 12/18/2025 at 3:43:18.0 PM

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: 2025 PG: 3451

Prepared By:		
G. I. G. W. S. TIM	FSA, 200 South 12 th St.	F.C.2 . 0.0.7 . 4.0.F
Cathy Greif, FLM (Name)	Manchester, IA 52057 (Address)	
Return To:	(Address)	(Telephone No.)
Keturii 10.	200 South 12 th St.	
Farm Service Agency	Manchester, IA 52057	563-927-425
(Name)	(Address)	(Telephone No.)
This form is available electronically.		Approved – OMB No. 0560-0237
ECA 2210 IA	(See Page 2 for Privacy Act and Paper CPARTMENT OF AGRICULTURE	rwork Reduction Act Statements) Position 5
FSA-2319 IA U.S. DF (02-10-12)	Farm Service Agency	Position 5
(02-10-12)	Faim Service Agency	
AGREEN	MENT WITH PRIOR LIENHOLDER	
1. WHEREAS (a) Farm Credit Servic	es of America, FLCA	
1301 West Main St., Manchester, IA 5	52057	
(Mortgagee) is the holder of a certain (b) Rea	l Estate Mortgage	
(Security Instrument) recorded in Book No. (c)	2025 Page (d)	3443
of the (e) County Recorder's	Records of (f)	Delaware
County; (g) State of Iowa	0/	
	and Tillian Toon Dailly	•
	and Jillian Jean Reilly,	
3008 200 th Ave., Hopkinton, IA 52237		and and
(Mortgagor) is the owner of certain real estate de	•	
3. WHEREAS , Mortgagor has applied to the Uthrough the Farm Service Agency (Government) instrument that will be subject to the Security In), for a loan to be secured by a mortgage, dee	ed of trust, or other security
misitument that will be subject to the security in	an amont hord by or the benefit of mortgagee	' >
4. THEREFORE, in consideration of the making		e, for Mortgagee's self, heirs,
executors, administrators, successors, and assign	is does nereby agree:	
(a) That, if not required under State law, for written notice by certified mail not later than the This notice will be sent to the following address		
USDA - Farm Service Agency		
200 South 12 th 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)17th					
of (b)	December , (c) 2025.				
BY	(d) from				
TITLE	(e) Financial Officer				
6. ACKNOWLEDGMENT					
	of Iowa } of Delaware } ss.				
On this	s _17th_ day of December, 2025 before me personally appeared _Sco	tt Funke_, to be	е		

On this _17th_ day of December, 2025 before me personally appeared _Scott Funke_, to be known to me to be the same person(s) whose name is subscribed to the foregoing instrument, and acknowledged that (he or she) signed and delivered the instrument as (his or her) free and voluntary act, for the uses and purposes set forth.

My commission expires:

Sept 2, 2026

ERICA A LONG Notarial Seal - Iowa Commission Number 785871 My Commission Expires Sep 2, 2026 Trica A Long 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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