Form RD 1927-19 (Rev. 11-99)

## UNITED STATES DEPARTMENT OF AGRICULTURE RURAL HOUSING SERVICE/FARM SERVICE AGENCY

FORM APPROVED OMB NO. 0575-0147

## **CERTIFICATION OF ATTORNEY**

SUBJECT:	Date:
TO:	
You have been selected by	ou desire to do this work, please complete the bottom cautioned not to begin work on this case until you are
	RHS/FSA Official
I hereby certify that I am a practicing attorney, a member in good sta	nding of the bar of
·	
I will provide title clearance through the use of:	
a title opinion.  a title insurance policy (when issuing a title insurance policy protection letter, liability insurance and a fidelity bond are not be a surface of the control of the co	
I am currently covered with Lawyer's Professional Liability Insurance	e in the amount \$ pe
occurrence issued by of	The deductible is
\$ The policy number is	Coverage expires on
I and all of my employees and associates having access to the funds in by a fidelity bond in the amount of at least \$	
	Attorney
Date	RHS/FSA Approval Official
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	Form RD 1927-19

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