



Unless otherwise noted:  
 Shares are 100% operator  
 Crops are non-irrigated  
 Corn = yellow for grain  
 Soybeans = common soybeans for grain  
 Wheat = HRS, HRW = Grain  
 Sunflower = Oil, Non-Oil = Grain  
 Oats and Barley = Spring for grain  
 Rye = for grain  
 Peas = process  
 Alfalfa, Mixed Forage AGM, GMA, IGS = for forage  
 Beans = Dry Edible  
 NAG = for GZ  
 Canola = Spring for seed

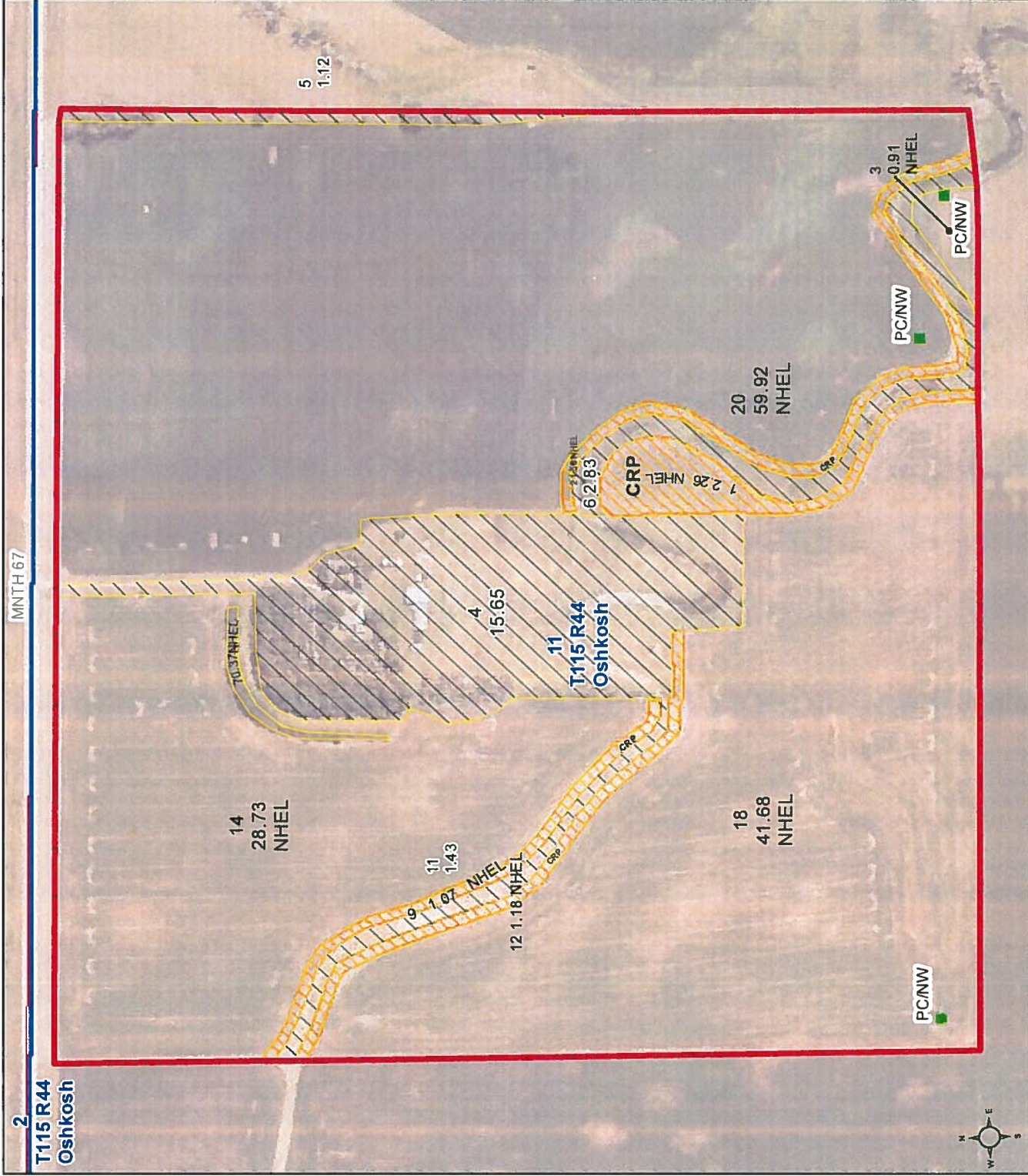
**Common Land Unit**

- Non-Cropland
- Cropland
- CRP
- Tract Boundary

**Wetland Determination Identifiers**

- Restricted Use
- Limited Restrictions
- Exempt from Conservation
- Compliance Provisions

Tract Cropland Total: 137.68 acres



United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS). This map displays the 2023 NAIP imagery.

MINNESOTA  
YELLOW MEDICINE

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



United States Department of Agriculture  
Farm Service Agency

**Abbreviated 156 Farm Record**

**FARM : 1028**

Prepared : 11/14/25 1:48 PM CST

Crop Year : 2026

**Operator Name** : TEIGLAND BROTHERS  
**CRP Contract Number(s)** : 11515A  
**Recon ID** : None  
**Transferred From** : None  
**ARCPLC G/IF Eligibility** : Eligible

**Farm Land Data**

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
158.71	137.68	137.68	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD	
0.00	0.00	131.61	0.00		6.07	0.00	0.00	0.00	

**Crop Election Choice**

ARC Individual	ARC County	Price Loss Coverage
None	CORN, SOYBN	None

**DCP Crop Data**

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Corn	70.05	0.00	135	0
Soybeans	61.56	3.59	36	
<b>TOTAL</b>	<b>131.61</b>	<b>3.59</b>		

**NOTES**

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**Tract Number** : 1561

**Description** : E2NW4, W2NE4 S11/T13  
**FSA Physical Location** : MINNESOTA/YELLOW MEDICINE  
**ANSI Physical Location** : MINNESOTA/YELLOW MEDICINE  
**BIA Unit Range Number** :  
**HEL Status** : NHEL: No agricultural commodity planted on undetermined fields  
**Wetland Status** : Tract does not contain a wetland  
**WL Violations** : None  
**Owners** : EVELYN LUNDGREN ESTATE  
**Other Producers** : EVELYN E LUNDGREN  
**Recon ID** : None

**Tract Land Data**

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
158.71	137.68	137.68	0.00	0.00	0.00	0.00	0.0

Abbreviated 156 Farm Record

Tract 1561 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	131.61	0.00	6.07	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Corn	70.05	0.00	135
Soybeans	61.56	3.59	36
<b>TOTAL</b>	<b>131.61</b>	<b>3.59</b>	

NOTES

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HIGHLY ERODIBLE LAND AND WETLAND  
 CONSERVATION DETERMINATION

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 Name: Lundgren, Evelyn Bengston                      Tract: 1561                      Farm: LUNDEVE  
 County: Yellow Medicine County                      Request Date: 02/19/90                      #1028  
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 Section I - Highly Erodible Land  
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Fields in this section have undergone a determination of whether they were highly erodible land (HEL) or not; fields for which an HEL Determination has not been completed are not listed. In order to be eligible for USDA benefits, a person must be using an approved conservation system on all HEL.

Field	HEL(Y/N)	Sodbusted(Y/N)	Acres	Determination Date
1	N	N	76.3	02/19/90
2	N	N	58.8	02/19/90
3	N	N	0.5	02/19/90
NC	N	N	24.4	02/19/90

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 Section II - Wetlands  
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Fields in this section have had wetland determinations completed. See the Wetlands Explanation section for additional information regarding allowable activities under the wetland conservation provisions of the Farm Bill and Section 404 of the Clean Water Act.

Field	Wetland Label	Acres	Determination Date	Certification Date
1	PC/NW	76.3	02/19/90	Wetlands Not Certified
2	PC/NW	58.8	02/19/90	Wetlands Not Certified
3	PC/NW	0.5	02/19/90	Wetlands Not Certified
NC	PC/NW	24.4	02/19/90	Wetlands Not Certified

-----  
 Wetlands Explanation  
 -----

Wetland  
 Label            Explanatory Comments  
 -----

HIGHLY ERODIBLE LAND AND WETLAND  
CONSERVATION DETERMINATION

Wetlands Explanation

Wetland

Label      Explanatory Comments

PC/NW      Prior Converted Cropland/Non-Wetland;  
Description: An area that contains both prior converted cropland and non-wetland; Authorized Cropping: No restrictions; Authorized Maintenance: No restrictions unless the manipulation would convert adjacent wetland labels.

Remarks

I certify that the above determinations are correct and were conducted in accordance with policies and procedures contained in the National Food Security Act Manual

Jamie Thomazin  
Signature District Conservationist

Date: Jan 03, 1997

All USDA programs and services are available without regard to race, color, national origin, religion, sex, age, marital status, or handicap.

CRP-1 (01-08-24)  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 27 173	2. SIGN-UP NUMBER 50
		3. CONTRACT NUMBER 11515A	4. ACRES FOR ENROLLMENT 6.07
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) YELLOW MEDICINE COUNTY FARM SERVICE AGENCY PO BOX 488 CLARKFIELD, MN56223-0488		6. TRACT NUMBER 1561	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 06-01-2017 TO: (MM-DD-YYYY) 09-30-2027
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (320) 669-4492 x2		8. SIGNUP TYPE: Continuous	

**THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.**

9A. Rental Rate Per Acre	\$ 213.20	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 1,294.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	1561	0001	CP21	2.26	\$ 203.00
(Item 9C is applicable only when the first year payment is prorated.)		1561	0002	CP21	1.56	\$ 156.00
		1561	0009	CP21	1.07	\$ 107.00

**11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) EVELYN LUNDGREN ESTATE 2244 110TH ST N CANBY, MN56220-3627	(2) SHARE 100.00 %	(3) SIGNATURE (By) <i>[Signature]</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY TR	(5) DATE (MM-DD-YYYY) 05-08-2025
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i> Steve V Milk CEO	B. DATE (MM-DD-YYYY) 10-9-2025
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**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 Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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MAY 10 2025

YELLOW MEDICINE FSA

