Iowa

U.S. Department of Agriculture

Farm Service Agency

**FARM: 1627** 

Prepared: 3/24/21 12:02 PM

Crop Year: 2021

Floyd Report ID: FSA-156EZ

**Abbreviated 156 Farm Record** 

Page: 1 of 2

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

**Operator Name** 

Farm Identifier

NEWTON, WILLIAM J

Farms Associated with Operator:

8218, 8219, 8222, 8223

ARC/PLC G/I/F Eligibility: Eligible

CRP Contract Number(s): 12197A, 11422B, 12289A, 11592B

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
257.1	241.4	241.4	0.0	0.0	0.0	38.0	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP		ative Sod			
0.0	0,0	203 4	0.0	0.0		0.0			
				ARC/PLO	:				

		A				
PLC	ARC-CO	ARC-IC	PLC-Default	ARC-CO-Default	ARC-IC-Default	
NONE	CORN, SOYBN	NONE	NONE	NONE	NONE	
Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction	HIP		
CORN	154.0	141	0,00	0		
SOYBEANS	49.4	45	24.30			
Total Base Acres:	203.4					

Tract Number: 761

Description 5-96-16 Floyd

FSA Physical Location: Floyd, IA ANSI Physical Location: Floyd, IA

**BIA** Range Unit Number:

HEL Status: HEL conservation system is being actively applied

Wetland Status: Wetland determinations not complete

WL Violations: None

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP
257.1	241.4	241.4	0.0	0.0	0.0	38.0	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		MPL/FWP	Native Sod	
0.0	0.0	203.4	0.0		0.0	0.0	

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	154.0	141	0.00
SOYBEANS	49.4	45	24.30

Total Base Acres: 203.4

Owners: ERNEST A MOLITOR RESIDUARY TRUST

ALVINA L MOLITOR ESTATE

CRP-1 U.S. DEPARTMENT OF AGRICUL	YE LIND				Page 1 of 1
(07-06-20) Commodity Credit Corporation	IUKE n	1 ST		ADMIN. LOCATION	2. SIGN-UP NUMBER
			19	47	
CONSERVATION RESERVE PROGR		T 3, CC	NTRACT NUMBE 114	4. ACRES FOR ENROLLMENT	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code	)	6 TR	ACT NUMBER	30.70	
FLOYD COUNTY FARM SERVICE AGENCY 611 BECK STREET				7. CONTRACT PERIOD FROM: (MM-DD-YYYY)	
CHARLES CITY, IA50616-3799			761	10-01-2015	TO: (MM-DD-YYYY) 09-30-2025
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		[			09-30-2025
		8. SIC	NUP TYPE:		
SB. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code); (641) 228-4055			inuous		
THIS CONTRACT is entered into between the Commodity (referred to as "the Participant".) The Participant agrees to CCC for the stipulated contract period from the date the Cacreage the Conservation Plan developed for such acreago comply with the terms and conditions contained in this CC Program Contract (referred to as "Appendix"). By signing applicable contract period. The terms and conditions of it thereto. BY SIGNING THIS CONTRACT PARTICIPANTS AC addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-	ontract is executed by e and approved by the entract, including the A below, the Participant is contract are contail	the CCC. The GCC and the F Appendix to this Lacknowledges	re conservation re Participant also a Participant. Addition Contract, entitled receipt of a copy	reserve Progrem ("CRP") grees to implement on su onally, the Participant an i Appendix to CRP-1, Co of the Appendix/Append	or other use set by uch designated ad GCC agree to nservation Reserve lices for the
9A. Rental Rate Per Acre \$ 215.37	10. Identificati	on of CRP La	nd (See Page 2	for additional space)	
9B. Annual Contract Payment \$ 6,612.00	A. Tract No.	B. Field No.	C. Practice		E. Total Estimated
9C. First Year Payment \$	761	18	CP15A	23.90	Cost-Share \$ 0.00
(Item 9C is applicable only when the first year payment is prorated )	761	21	1 CP15A 1.76		\$ 0.00
	761	41	CP15A	5.10	\$ 0.00
11. PARTICIPANTS (If more than three individ	uals are signing, s	see Page 3.)			
ADDRESS (Include Zip Code)  LEVINA L. HOLITOL ESTATE FIRST CITIZENS BANK  6C1 171H TS DE POLITOL  ASONI CITY, 1A56401 4636	(3) SIGNATURE (	Ву)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Executor		(5) DATE (MM-DD-YYYY)  3/3/107
DDRESS (Include Zip Code)  REET A MOLITOR RESIDUANT INVEST  ARRY ADULTOR, TRUSTEE  334 QUARKY BD  LOTO, (ASPESS 1882)	(3) SIGNATURE (1)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Trustee		(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)  (2) SHARE	(3) SIGNATURE (E	SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
2. CCC USE ONLY A. SIGNATURE OF CCC R	PRESENTATIVE				B. DATE (MM-DD-YYYY)

The following statement is made in eccordance with the Privacy Act of 19/4 (5 USC 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 2018 (Pub. L. 115-334) and 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, 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 Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exampled 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. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, lite Agencies, offices, and employees, and institutions perticipating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retallation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiciape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complaint the USDA Program Discrimination Complaint Form, AD-3027, found online at <a href="https://www.ascr.usda.gov/complaint-filing-cust.html">https://www.ascr.usda.gov/complaint-filing-cust.html</a> and at any USDA office or write a latter addressed to USDA and provide in the letter all of the Information requested in the form. To request a copy of the complaint form, call (888) 632-9992 Submit your complaint form or letter to USDA by. (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax-1213-890,7412-or (3) error intake@usda.gov USDA is an equal opportunity provider, employer, and lender.

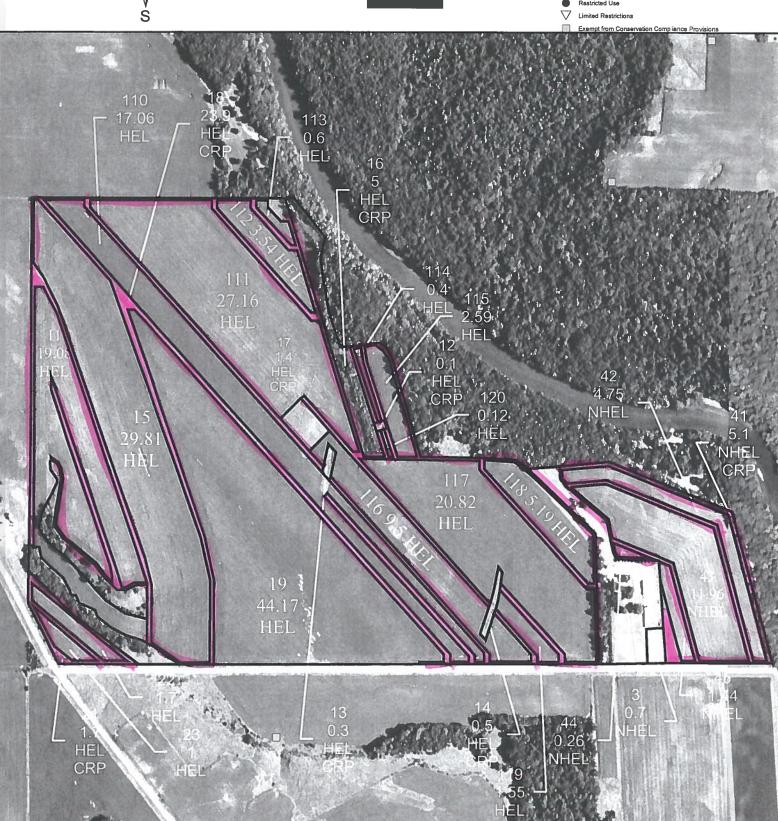
-Conel FEB 11 2021

FLOYD COUNTY FSA CHARLES CITY IA









FARM: 1627 TRACT: 761 SECTION: 5-96-16 TWP: FLOYD

TWP: FLOYD

Disclaimer: 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 wetland boundaries and determinations, or contact NRCS.

CRP-1	J.S. DEPARTMENT	OF AGRICULTU	RE	11.5	T. & CO. CODE &	ADMIN LOCATION	Page 1 of 1
(07-06-20)		redit Corporation			19	067	2 SIGN-UP NUMBER 48
			M CONTRAC	Т	ONTRACT NUMBI	4 ACRES FOR ENROLLMENT 5.00	
5A. COUNTY FSA OF FLOYD COUNTY FARM				6. TI	RACT NUMBER	7. CONTRACT PERIO	0
611 BECK STREET CHARLES CITY, 1A5		761 FROM: (MM-DD-YYY 10-01-2016		FROM: (MM-DD-YYYY) 10-01-2016	TO: (MM-DD-YYYY) 09-30-2031		
	*			8. SI	GNUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 228-4055  THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "the Participant".) The Participant agrees to place the designated as					inuous		
acreage the Conservati comply with the terms i Program Contract (refe applicable contract peri	on Plan developed ind conditions control on the conditions control of the control	for such acreage a lained in this Cont. x"). By signing be conditions of this RTICIPANTS ACKI RP-2G, or CRP-2C	and approved by the ract, including the A plow, the Participant contract are contain NOWLEDGE RECEIF 30, as applicable.	CCC and the Appendix to the acknowledge ned in this For PT OF THE FO	rentcipant also a Participant. Additi is Contract, entitle s receipt of a copy m CRP-1 and in th LLOWING FORMS:	rsigned owners, operations and comment on standing the Participant evidence of the Appendix to CRP-1, Co of the Appendix and at CRP-1; CRP-1 Appendix	uch designated nd CCC agree to nservation Reserve lices for the
9B Annual Contract Pa					1 5 5 7 7		1 5 5 . 15
9C. First Year Payment			A. Tract No.	B. Fleld No	01.1120000		E. Total Estimated Cost-Share
			761	16	CP5A	5.00	\$ 0.00
(Item 9C is applicable or prorated )	ily when the lirst ye	ar payment is	-				
11. PARTICIPANT	S (If more than	three Individus	els are signing a	no Pers 2			
A(1) PARTICIPANT'S N ADDRESS (include ) VINA L MOLITOR ESTATE VINST CITIZEUS BAJIK	AME AND	(2) SHARE	(3) SIGNATURE (I	By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE			(5) DATE (MM-DD-YYYY)
SCH CITY, IASSOCIATE 1450  SCH CITY, IASSOCIATE 1450  SCH CITY, IASSOCIATE 1450	AME AND	× 100.00%	EXBC				100/02/201
ADDRESS (Include 2 NEST DUARY TRUST A H. LITOR RESIDUARY TRUST ANY HOLITOR, TRUSTEE DAY OVARRY RD OVD, IASO(15.8042	(p Code)	(2) SHARE 0.00 %	(3) SIGNATURE (E	(4) TITLE/RELATIONSHIP OF THI INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		SIGNING IN THE ATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S N		(2) SHARE	(3) SIGNATURE (E	By)	Trustee (4) TITLE/RELAT	(5) DATE	
ADDRESS (Include 2			INDIVIDUAL S REPRESENT	(MM-DD-YYYY)			
2. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE							B. DATE
3637 et seg), the A receive benefits un Tribal agencies, an identified in the Sys the requested infort Paperwork Reduct and civil fraud, prive accordance with Federal ci alitutions participating in or pression), sexual orientatio	gricultural Improvement der the Conservation in de nongovernmentel en- tem of Records Notice nation will result in a de ion Act (PRA) Statem cy, and other statutes di rights law and U.S. diministering USDA per de telspility non median	nt Act of 2018 (Pub. It Reserve Program. Titilies that have been to USDA/FSA-2, Fielermination of ineligitent: The information may be applicable to Department of Agricograms are prohibite	L. 115-334) and 7 CFR he information collecte authorized access to be arm Records File (Auto ibility to perticipate in a n collection is exempted the information provide ulture (USDA) civil right at from discriminating b	Part 1410 The d on this form m the information b mated). Providi and receive benel d from PRA as a ed. RETURN Ti ts regulations an based on race, c	information will be used to other states of the control of the con	or requesting the information at seq.), the Agricultural Act of sed to determine eligibility to the Federal. State, Local governments of the sed of the sequence of the sequen	identified on this form of 2014 (16 U.S.C. participate in and ernment agencies, icable Routine Uses er, fellure to furnish of appropriate criminal A OFFICE.  Tipologes, and

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a> and at any USDA office or write a letter addressed to USDA and provide in the letter att of the Information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington Dec 1925, 1931, 1932, 2033, 2033, 2034, 20

FEB 0 3 2021 FLOYD COUNTY FSA CHARLES CITY IA





Legend

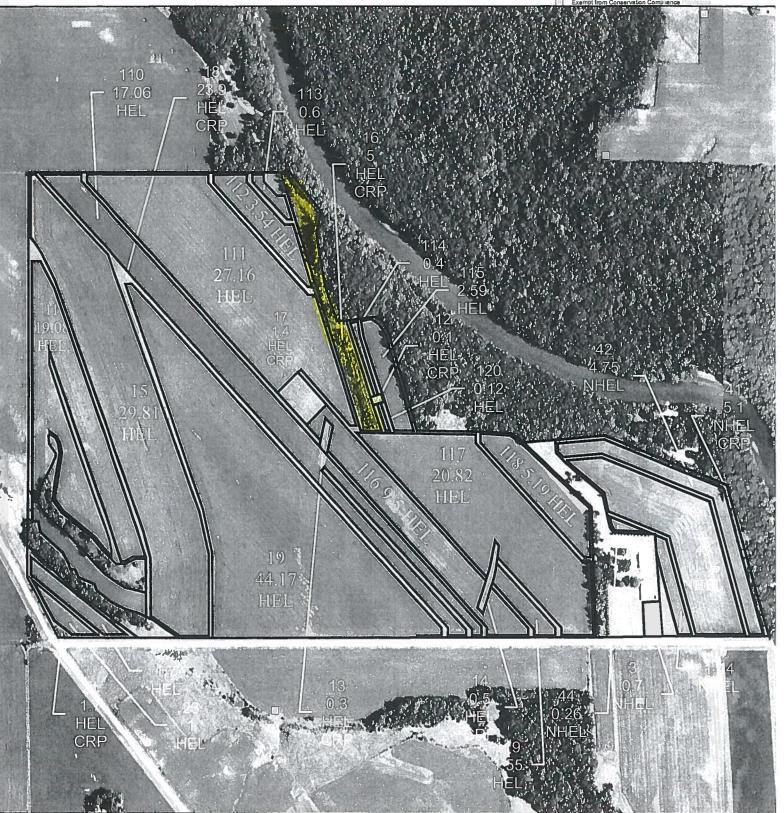
Louis DE. du\_a\_10007

fsa\_gls\_layers.SDE.wet\_p\_ia06

Wetland Determination Identifiers

Restricted Use





FARM: 1627 TRACT: 761 SECTION: 5-96-16

TWP: FLOYD

355 710 1,420 Feet PRINTED:

September 23, 2009
by Floyd County FSA

CROP YEAR

Disclaimer: 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 wetland boundaries and determinations, or contact NRCS.

							Page 1 of 1
		OF AGRICULTU redit Corporation	RE	1. S	191	ADMIN. LOCATION 067	2. SIGN-UP NUMBER 52
CONSERVATION			M CONTRAC	T 3 C	ONTRACT NUMBI	4. ACRES FOR ENROLLMENT 0.90	
5A. COUNTY FSA OFFICE A				6 TF	RACT NUMBER	7. CONTRACT PERIOD	1
FLOYD COUNTY FARM SERVE 611 BECK STREET CHARLES CITY, IA50616-3		FROM: (MM-DD-YY)		FROM: (MM-DD-YYYY) 10-01-2019	TO: (MM-DD-YYYY) 09-30-2029		
5B. COUNTY FSA OFFICE F		IBER			GNUP TYPE:	•	
(Include Area Code): (641) THIS CONTRACT is entered in							
(referred to as "the Participant CCC for the stipulated contract acreage the Conservation Plan comply with the terms and cor Program Contract (referred to applicable contract period. The thereto. BY SigNing THIS CO addendum thereto; and, CRP-29A. Rental Rate Per Acre	et period from n developed in nditions com as "Appendi ee terms and NTRACT PAI 2, CRP-2C, C	cipan agrees to p in the date the Con for such acreage s ained in this Cont x*). By signing be conditions of this RTICIPANTS ACKI RP-2G, or CRP-2C	nace the designated fract is executed by the ract, including the ract, including the rico, the Participani contract are contain NOWLEDGE RECEIT 30, as applicable.	or acreage into the CCC. The CCC and the Appendix to the tacknowledge ined in this For PT OF THE FOR	the Conservation is Participant also a Participant. Addition is Contract, entitle s receipt of a copy m CRP-1 and in the LLOWING FORMS:	Reserve Program ("CRP") grees to Implement on 3; lonally, the Participant en d Appendix to CRP-1, Co, of the Appendix/Append e CRP-1 Appendix and er CRP-1; CRP-1 Appendix	or other use set by uch designated ad CCC agree to nservation Reserve lices for the
	\$ 209.		10. Identificati	on of CRP La	and (See Page 2	for additional space)	
9B. Annual Contract Payment  9C. First Year Payment	\$ 188.	00	A. Tract No.	B. Field No	. 0, , , , , , , , , , , ,		E. Total Estimated Cost-Share
JO. That real rayment	*		761	0012	CP8A	0.10	\$ 0.00
(Item 9C is applicable only whe prorated.)	n the first ye	ar payment is	761	0013	CP8A	0.30	\$ 0.00
44 DARTIOIDANITO (III			761	0014	CP8A	0.50	\$ 0.00
11. PARTICIPANTS (If I	nore than	three Individue	als are signing, a	see Page 3.			
A(1) PARTICIPANT'S NAME A ADDRESS (Include Zip Code ALVINA L NOLITOR ESTATE REIST CETTEENS BAIN ASSON CETT. 1850401 465		(2) SHARE	(3) SIGNATURE (	3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY EXECUTOR			(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME A	ND	(2) SHARE	(3) SIGNATURE (	By)		FIONSHIP OF THE	(6) DATE
ADDRESS (include Zip Code GARY HOLITOR RESIDUARY TRUST GARY HOLITOR, TRUSTER 134 ULARY RD LOYD, TASU435-8893	9)	0.00%	[4]	INDIVIDUAL SIGNING IN THE			\$ 10 20+1
C(1) PARTICIPANT'S NAME A		(2) SHARE	(3) SIGNATURE (	By)		TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code	•		INDIVIDUAL : REPRESENT	(MM-DD-YYYY)			
12. CCC USE ONLY A.	SIGNATUR	E OF CCC REP	RESENTATIVE				B. DATE
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information is the Commodity Credit Composition Charter Act (15 U.S.C. 714 et app.), the Ecol Society Act of Commodity Credit Composition of Commodity Credit Commodity Cred							Z MMM-DP-YYYY
3631 et seq), the Agricultur receive benefits under the Tribal agencies, and nongo identified in the System of I the requested information w Paperwork Reduction Act	ral Improveme Conservation I overnmental er Records Notice vill result in a d	nt Act of 2018 (Pub., Reserve Program. T. ntitles that have been a for USDA/FSA-2, F etermination of inelig	L. 115-334) and 7 CFF, the information collecte authorized access to arm Records File (Auth bility to participate in a	R Part 1410 The R Part 1410 The Identification in the information b omated) Provide and receive benef	sea (16 U.S.C. 3801 information will be u ay be disclosed to oth y statute or regulation ing the requested info fits under the Consen	ot seg.), the Agricultural Act of seed to determine sligibility to ther Federal, State, Local govin and/or as described in applormation is voluntary. Howev ration Reserve Program.	of 2014 (16 U.S.C. participate in and ernment egencies, licable Routine Uses er, fallure to furnish
n accordance with Federal civil rights	2 II hna wal s	Department of April	officer (1100 A) of The	NEI OKITI	113 COMPLETED PO	3846(b)(1) The provisions o	A OFFICE.
nstitutions participating in or administ expression), sexual orientation, disab civil rights activity, in any program or a	ility ana mari	lai statue femilialnes	atal statue leasure de	vaseu on race, c	cior, national origin, i	religion, sex, gender idenlity (	(including gender

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

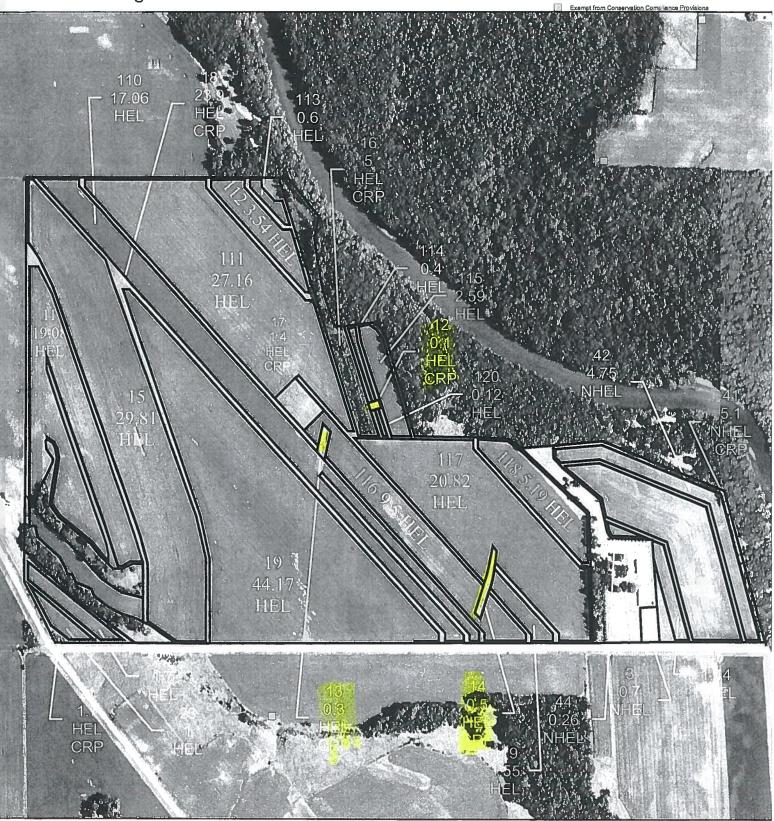
FEB 0 3 2021
FLOYD COUNTY FSA
CHARLES CITY IA







Restricted Use



FARM: 1627 TRACT: 761 SECTION: 5-96-16 TWP: FLOYD

et PRINTED: September 23, 2009 by Floyd County FSA

CROP YEAR 2020

Disclaimer: 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 wetland boundaries and determinations, or contact NRCS.

							Page 1 of 1
		OF AGRICULTUR edit Corporation	E	1. S		ADMIN. LOCATION 067	2. SIGN-UP NUMBER 53
				3 C(	ONTRACT NUMBI	4. ACRES FOR	
CONSERVATION		I CONTRACT	r	122	289A	ENROLLMENT 1.40	
5A. COUNTY FSA OFFICE A		6. TF	RACT NUMBER	7. CONTRACT PERIOD			
FLOYD COUNTY FARM SERVI 611 BECK STREET CHARLES CITY, IA50616-3			761	FROM: (MM-DD-YYYY) 04-01-2020	TO: (MM-DD-YYYY) 09-30-2034		
				8 SI	GNUP TYPE:		
5B. COUNTY FSA OFFICE F (Include Area Code): (641)		BER		Cont	inuous		
(referred to as "the Participant CCC for the stipulated contract acresse the Conservation Plar comply with the terms and con Program Contract (referred to applicable contract period. The thereto. BY SIGNING THIS CO addendum thereto; and, CRP-2	et period from n developed fo nditions conte as "Appendix ne terms and d NTRACT PAF	the date the Control or such acreage ar ained in this Control or and this conditions of this control or a this conditions of this control	ract is executed by the act, including the Aco, including the Aco, the Participant contract are contain OWLEDGE RECEIF 10, as applicable.	the CCC. The CCC and the Appendix to this acknowledge ned in this Fon PT OF THE FOI	Participant also a Participant. Addit is Contract, entitis is receipt of a copy in CRP-1 and in th LLOWING FORMS	grees to Implement on au Ionally, the Participant an d Appendix to CRP-1, en or the Appendix/Append e CRP-1 Appendix and ar : CRP-1; CRP-1 Appendix	ich designated d CCC agree to nservation Reserve ices for the
9A. Rental Rate Per Acre	\$ 125.	86	10. Identification	on of CRP La	and (See Page 2	for additional space)	
9B. Annual Contract Payment	\$ 176.0	00	A. Tract No.	B. Fleld No	. C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	VIII.	761	0017	CP5A	1.40	\$ 0.00
(Item 9C is applicable only whe prorated)	on the first yea	ar payment is	-				
11. PARTICIPANTS (If I	more than	three individual	ls are sloning s	see Page 3	1		
A(1) PARTICIPANT'S NAME A	AND	(2) SHARE	(3) SIGNATURE (	Bv)		TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Cod	le)		0100	1 4	INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)
AFIRST CITIZENS BANK ZGOI 4TH ST SW HASON CITY, IASO401 4850		x 200 %	* peloches Ke	IL FEB	REPRESENT Executor	1505/50/60	
B(1) PARTICIPANT'S NAME A ADDRESS (Include Zip Code ERNEST & MOLITOR RESIDUAY TAUST COMPANY TAUST CO		(2) SHARE	(3) SIGNATURE (I	3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF INDIVIDUAL SIGNING IN THE			(5) DATE (MM-DD-YYYY)
LOADY MOLITOR, TRUSTER 1334 QUARRY ND 160YD, IASO416-8082		0.00%	91			TATIVE CAPACITY	40/10/16
C(1) PARTICIPANT'S NAME A		(2) SHARE	(3) SIGNATURE (E	Ву)		TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code	θ)	%	•		INDIVIDUAL	SIGNING IN THE TATIVE CAPACITY	(MM-DD-YYYY)
12. CCC USE ONLY A.	SIGNATUR	E OF CCC REP	RESENTATIVE		l		D DATE
			1	>			B. DATE
3831 et seq), the Agricultu receive benefits under the Tribal agencies, and nonc	iral Improvemen Conservation f overnmental en	nt Act of 2018 (Pub. L Reserve Program, Th	. 115-334) and 7 CFF ie information collects	Security Act of 19 R Part 1410. The ad on this form m	985 (18 U.S.C. 3801 o information will be used to o	for requesting the information et seq.), the Agricultural Act to used to determine eligibility to ther Federal, State, Local gop of and/or as described in ever- formation is voluntary. However	identified on this form of 2014 (16 U.S.C participate in and ernment agencies,

the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program

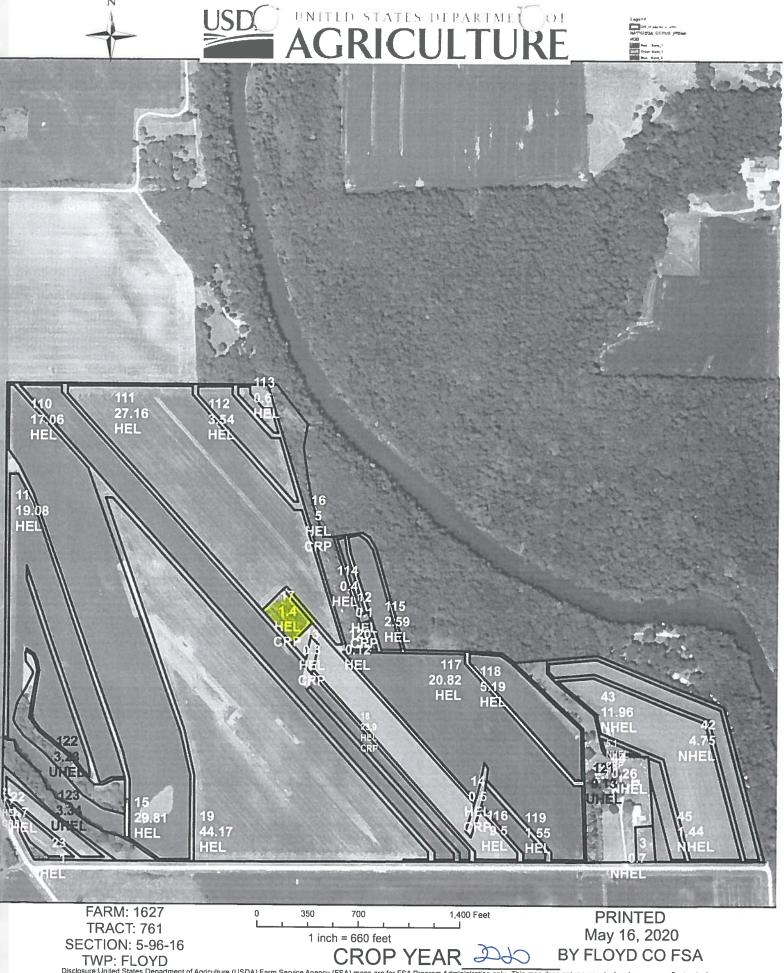
Paperwork Reduction Act (PRA) Statement: The information collection is exempled from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/perental status, income derived from a public assistance program, political beliefs, or reprisel or retailation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines very by program or incident

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339 Additionally, program information may be made available in languages other than English.

emaj FEB 0 3 2021

FLOYD COUNTY FSA **CHARLES CITY IA** 

Date Printed: 02/01/2021



TWP: FLOYD

Disclosure 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 (NAIO) 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 of FSA Programs. Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CP-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resource Conservation Service (NRCS).