

Indiana Grain Buyers and Warehouse Licensing Agency
Indiana State Department of Agriculture

LIENHOLDER VERIFICATION FORM

SECTION A: CLAIMANT INFORMATION

Claimant's Name: _____ ("Claimant")

Do you have any liens filed against any of the bushels of grain that you delivered to Agland Grain, Inc., and/or any dollar amount that you may potentially be reimbursed from the Indiana Grain Buyers and Warehouse Licensing Agency ("Agency") and/or the Indiana Grain Indemnity Corporation ("Corporation")?

- [] **YES**, there is a lien filed against the bushels of grain I delivered to Agland Grain, Inc., and/or any dollar amount I may potentially be reimbursed from the Agency and/or the Corporation.
- [] **NO**, there are no liens filed against any of the bushels of grain I delivered to Agland Grain, Inc., and/or any dollar amount I may potentially be reimbursed from the Agency and/or the Corporation.

If you answered "YES" directly above, continue to Section B of this form to provide the Agency with information about all of your current lienholders. Lienholders may include financial institutions or the United State Department of Agriculture Commodity Credit Corporation.

If you answered "NO" above, skip to Section C of this form.

SECTION B: LIENHOLDER INFORMATION

Provide the Agency with as much information as possible about your current lienholder situation as it pertains to the bushels of grain you delivered to Agland Grain, Inc., and/or any dollar amount you may potentially be reimbursed from the Agency and/or the Corporation. Lienholders could include financial institutions or the United State Department of Agriculture Commodity Credit Corporation. You may attach additional pages to this form as needed.

Lienholder No. 1 _____

Point of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Dollar Amount Owed (\$): _____

Lienholder No. 2 _____

Point of Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Dollar Amount Owed (\$): _____

SECTION C: ACKNOWLEDGEMENT

By signing my name below, I affirm under penalties of perjury that I have the authority to sign as or on behalf of Claimant, and the information I have provided on this form and attached pages truthfully and accurately represents Claimant's current lienholder situation regarding the bushels of grain Claimant has delivered to Agland Grain, Inc., and/or any dollar amount that Claimant may potentially be reimbursed from the Agency and/or the Corporation. Furthermore, I agree it is my responsibility to update the Agency, in writing, on any and all changes to the information that I have provided until Claimant is fully reimbursed in accordance with Indiana Code 26-3-7 and Indiana Code 26-4.

Claimant's Signature

____ / ____ / ____
Date