



Preserved Farms Resource Center
Preserved Farm Transition Planning Preliminary Survey

Farm Owner Name: _____

Address: _____

County: _____

Township: _____

Phone: _____

Email: _____

List type(s) of agricultural enterprise(s) currently being operated on the farm:

Farm Business currently being operated by:

___ Farm owner

___ Farm owner and immediate family members

___ Tenant – family member

___ Tenant – non-family

___ Other (please specify) _____

Do you plan to sell/transfer the farm within the next 2-5 years? _____

If so, to whom would you be most likely to transfer?

___ Son/daughter/grandchild

___ Spouse

___ Sibling

___ Non-family member

Would you be interested in assistance in any of the following areas?

___ Farm transition/succession planning

___ Estate planning

___ Farm profitability/business planning

___ Expansion/alteration/modernization
of business

Name of person completing this form: