

**NOTICE OF RESCISSION OF EXPIRATION NOTICE OF A
METROPOLITAN AGRICULTURAL PRESERVE**

LOCAL AUTHORITY: _____ and _____
(If applicable)

1. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF RECORD FEE OWNER(S) Owner(s) is ("X" one):
(Use this space only if applicable.)
 Individual
 Legal Guardian
 Family Farm Corporation

2. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED SELLER(S) (VENDORS)
(Use this space only if applicable.)

3. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR BUYER(S) (VENDEES)
(Use this space only if applicable.)

4. TOTAL ACRES: _____

5. TYPE OF PROPERTY ("X" one):
 ABSTRACT
 REGISTERED (Torrens). If "Torrens" property, include your Owner's Duplicate Certificate of Title.

Whereas, by authority of Minn. Stat., Section 473H.08, landowner(s) who have executed an Expiration Notice of an existing Metropolitan Agricultural Preserve may rescind that expiration within two years of the date of their Expiration Notice; and

Whereas, above-named Landowners (s), _____
executed a Notice Initiating Expiration of Metropolitan Agricultural Preserve on _____
and filed the same with the _____ County Recorder on _____; and

Whereas, the same Landowner(s) executed a Metropolitan Agricultural Preserves Restrictive Covenant on _____
and filed the same with the _____ County
Recorder on _____; and

Whereas, Landowner(s) filed the two above-cited documents with all other appropriate authorities and agencies per Minn. Stat., Sections 473H.05 and 473H.08; and

Whereas, Landowner(s) desire that they and their land remain within the Agricultural Preserve Program as provided in Minn. Stat., Chapter 473H and wish to continue to maintain their land within the terms of the Metropolitan Agricultural Preserves Restrictive Covenant they executed on _____.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

NOW, THEREFORE, Landowner(s) certify that they still own the Land described in the attached Exhibit A and appeal to the authority and all other appropriate authorities and agencies as listed in Minn. Stat., Section 473H.06 and request that the Notice Initiating Expiration of a Metropolitan Agricultural Preserve, executed by the Landowner(s) on _____ be and hereby is rescinded as of _____.

IN WITNESS HEREOF, the parties to this agreement have caused this instrument to be executed on the day and year first above written. (To be signed in the presence of a notary public with exact same name as on page 1.)

Witnessed Signature of Record Fee Owner(s):

Witnessed Signature of Contract for Deed Vendor(s) (Sellers), if any:

Witnessed Signature of Contract for Deed Vendee(s) (Buyers), if any:

For Individual or Husband/Wife:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____
Print or type exact name(s) with marital status or identity as on page 1.

Signature of Notary Public
Commission Expires _____

For Individual or Husband/Wife:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____
Print or type exact name(s) with marital status or identity as on page 1.

Signature of Notary Public
Commission Expires _____

For Individual or Husband/Wife:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____
Print or type exact name(s) with marital status or identity as on page 1.

Signature of Notary Public
Commission Expires _____

For Corporation:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____, its _____, and _____,
its _____, of _____, a _____
Corporation, on behalf of the Corporation.

Signature of Notary Public
Commission Expires _____

For Corporation:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____, its _____, and _____,
its _____, of _____, a _____
Corporation, on behalf of the Corporation.

Signature of Notary Public
Commission Expires _____

For Partnership:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____, partner of _____,
a partnership, on behalf of the partnership.

Signature of Notary Public
Commission Expires _____

For Attorney-in-Fact:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____, as attorney-in-fact on behalf of _____.

Signature of Notary Public
Commission Expires _____

For Trustee or Personal Representative:

State of _____)
) SS.
County of _____)
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____,
by _____, the _____, of the _____.

Signature of Notary Public
Commission Expires _____