

**NOTICE BY LANDOWNER(S) INITIATING EXPIRATION OF
METROPOLITAN AGRICULTURAL PRESERVE**

Pursuant to Minn. Stat. § 473H.08, subd. 2, the undersigned Landowner(s) hereby initiate expiration of the agricultural preserve and covenant identified herein. The date of expiration set forth herein is at least eight years after execution and notarization of this notice.

LOCAL AUTHORITY: _____ and _____
(if applicable)

1. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF RECORD FEE OWNER(S):
(Use this space only if applicable.)

Owner(s) are ("X" one):

- Individual(s)
- Legal Guardian
- Family Farm Corporation
- Other

(Specify): _____

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

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

4. TYPE OF PROPERTY ("X" one):
 Abstract
 Registered (*Torrens*)

5. COMPLETE LEGAL DESCRIPTION OF THE LAND. (*If Torrens property, use the description from the Certificate of Title, verbatim. If Abstract property, use the description from the abstract or deed, or get it from your county auditor. Use an additional sheet if extra space is needed. Be sure to state your parcel identification number and whether or not your property is homesteaded.*)

Parcel I.D. Number:

Homestead or Non-homestead.
(Circle one)

Legal Description:

6. TOTAL ACRES: _____

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.

7. NOTICE INITIATING EXPIRATION.

The undersigned Landowner(s) hereby notify the Authority that the metropolitan agricultural preserves status of the land described herein shall expire on the date specified in No. 8, unless this notice is rescinded by the Landowner(s) within the first two years following execution and notarization of this notice.

IN WITNESS HEREOF, the parties to this agreement have caused this instrument to be executed on the day and year last notarized below. (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 same 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 same 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 same 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 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 _____

8. DATE OF EXPIRATION OF AGRICULTURAL PRESERVE: _____
(Must be at least eight years after the last notarized date in No. 7.)