

**NOTICE INITIATING EXPIRATION 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
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 Identification Number: _____ Homestead or Non-homestead.
(Circle one)

Legal Description:

6. TOTAL ACRES: _____

7. IF AUTHORITY-INITIATED:

This is to notify the landowner of the parcel(s) of land described in this notice that said land will be taken out of metropolitan agricultural preserve status because the land has been certified by resolution of the authority and by appropriate maps (forwarded to the Metropolitan Council) to be no longer eligible to be an agricultural preserve, as evidenced by zoning which will allow more than one residential unit per quarter/quarter section (40 acres). Notice of this decertification has appeared in a newspaper having general circulation within the jurisdiction of this authority.

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

(Signature and Title or Position of Local Authority)

(Print or type same name and title at left.)
of _____

Signature of Notary Public
Commission Expires _____

8. IF LANDOWNER -INITIATED:

This is to notify the Local Authority that the metropolitan agricultural preserves status of the land described in this notice shall expire on the date specified in No. 9 unless this notice is rescinded by the Landowner(s) within the first two years following execution of this notice.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.)

For Individual or Husband/Wife:
State of _____)
) SS
County of _____)

Signature of Notary Public
Commission Expires _____

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 _____

9. DATE OF EXPIRATION OF AGRICULTURAL PRESERVE: _____
(Must be at least eight years after the date in No. 7 or the last notarized date in No. 9.)