

**NOTICE OF EARLY TERMINATION OF
METROPOLITAN AGRICULTURAL PRESERVE
BASED ON DEATH OF OWNER**

Pursuant to Minn. Stat. § 473H.09, subd. 2, the undersigned surviving owner(s) hereby elect(s) to terminate the agricultural preserve and covenant identified herein based on the death of an owner, owner's spouse, or other qualifying person.

Print or type responses to following:

LOCAL AUTHORITY: _____ and _____
(if applicable)

1. NAME OF COUNTY WHERE AGRICULTURAL PRESERVE APPLICATION AND COVENANT WERE RECORDED, COUNTY RECORDER'S DOCUMENT NUMBER, AND PARCEL IDENTIFICATION NUMBER(S)

2. NAME(S) AND ADDRESS(ES) OF CURRENT RECORD FEE OWNER(S)
(Use this space only if applicable. If current owner is successor or assignee to fee owner(s) identified on the recorded application and covenant, attach copy(ies) of recorded document(s) conveying interest(s).)

Current Owner(s) is ("X" one):
 Individual
 Legal Guardian
 Family Farm Corporation
 Other
(Specify): _____

3. NAME(S) AND ADDRESS(ES) OF CURRENT CONTRACT FOR DEED BUYER(S) (VENDEE(S))
(Use this space only if applicable. If current vendee(s) is successor or assignee to vendee(s) identified on recorded application and covenant, attach copy of recorded document(s) evidencing conveyance.)

4. NAME(S) AND ADDRESS(ES) OF CURRENT CONTRACT FOR DEED SELLER(S) (VENDOR(S))
(Use this space only if applicable. If current vendee(s) is successor or assignee to record fee owner(s) identified on recorded application and covenant, attach copy of recorded document(s) evidencing conveyance.)

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.

5. NAME OF DECEDENT AND DATE OF DEATH
(Attach death certificate.)

Decedent is ("X" one):

- Owner
 - Owner's Spouse
 - Qualifying Person
- (As defined by Minn. Stat. §§ 473H.02, subd. 9; 473H.09, subd. 2(b)(1).)

6. NAME AND ADDRESS OF SURVIVING OWNER

Surviving Owner is ("X" one):

- Decedent's Spouse
 - Executor
 - Trustee
 - Entity Permitted
- (As defined by Minn. Stat. § 473H.09, subd. 2(b)(2).)

7. TYPE OF PROPERTY ("X" one):

- Abstract
- Registered (Torrens)

8. 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. Use an additional sheet if extra space is required. Be sure to state your parcel identification number and whether or not your property is homesteaded.)

Parcel Identification Number(s): _____

Legal Description:

- Homestead
- Non-homestead

9. TOTAL ACRES: _____

10. DATE OF TERMINATION: _____

(Shall not be earlier than the date surviving owner provides notice to authority.)

11. NOTICE OF TERMINATION

Pursuant to Minn. Stat. § 473H.09, subd. 2, the undersigned surviving owner (as defined by Minn. Stat. § 473H.09, subd. 2(b)(2)) hereby notifies the authority (as defined by Minn. Stat. § 473H.02, subd. 4) of termination of the above described agricultural preserve and covenant based on the death of an owner, owner's spouse, or other qualifying person (as set forth and defined in Minn. Stat. § 473H.09, subd. 2(a), (b)(1)).

IN WITNESS HEREOF, the surviving owner (as defined by Minn. Stat. § 473H.09, subd. 2(b)(2)) has caused this instrument to be executed on the day and year last notarized below. (Must be signed in the presence of a notary public, using exact same name as set forth above.)

Witnessed Signature of Surviving Owner (as defined by Minn. Stat. § 473H.09, subd. 2(b)(2)):

Name: _____

Title (if applicable): _____

NOTARY PUBLIC: USE ONE OF THE FOLLOWING NOTORIAL CERTIFICATES, AS APPROPRIATE:

Decedent's Spouse:

State of _____)
) SS
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____
(Print or type exact as set forth above.)

Signature of Notary Public
Commission Expires _____

Executor of Estate (as defined by Minn. Stat. § 473H.09, subd. 2(b)(2)):

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 _____

Trustee (as defined by Minn. Stat. § 473H.09, subd. 2(b)(2)):

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 _____

Authorized Representative of Entity (as defined by Minn. Stat. § 473H.09, subd. 2(b)(2)):

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 _____

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 _____