

**REQUEST BY LANDOWNER(S) FOR TERMINATION OF
METROPOLITAN AGRICULTURAL PRESERVE
BY MAJORITY VOTE OF AUTHORITY**

Pursuant to Minn. Stat. § 473H.09, subd. 3, the undersigned Landowner(s) hereby request that the Authority terminate the agricultural preserve and covenant identified herein. This request is made at least eight years after commencement of the preserve. The Landowner(s) understand that the requested termination shall not be effective until approved by a majority vote of the Authority.

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):

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. REQUEST FOR TERMINATION.

The undersigned Landowner(s) hereby request that the Authority terminate the agricultural preserve and covenant identified herein. This request is made at least eight years after commencement of the preserve.

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. APPROVAL BY MAJORITY VOTE OF AUTHORITY.

The undersigned representative of the Authority hereby certifies that the Authority approved Landowner(s) request for termination of the agricultural preserve and covenant identified herein by a majority vote taken on the _____ day of _____, 20____.

_____ of _____
(Signature and Title or Position of Local Authority)

State of _____)
) SS
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ (Name and Title), of _____

Signature of Notary Public
Commission Expires _____