

**NOTICE OF RESCISSION OF EXPIRATION NOTICE
OF AN AGRICULTURAL PRESERVE**

COUNTY OF: _____ and _____
(Other planning and/or zoning authority, 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 SELLER(S) (VENDORS)
(Use this space only if applicable.)

3. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED 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 40A.1 1, landowners who have executed an Expiration Notice of an existing agricultural preserve may rescind that expiration within two years of the date of their Expiration Notice; and

Whereas, above-named Landowner(s), _____
executed a Notice Initiating Expiration for agricultural preserve on _____
and filed the same with the _____ County Recorder on _____; and

Whereas, the same Landowner(s) executed an Agricultural Preserve Covenant on _____
and filed the same with the _____ County Recorder on _____; and

