(Top 3 inches reserved for recording data)

NOTICE OF TERMINATION OF PURCHASE AGREEMENT
Minn. Stat. 559.21

Minnesota Uniform Conveyancing Blanks
Form 110.2.1 (2023)

YOU ARE NOTIFIED:

1. Default has occurred in the Purchase Agreement ("**Contract**") dated _____ in which
(month/day/year)

_____

_____ **("Seller**"), as Seller, agreed to sell to
(insert name of all Sellers)

_____

_____ ("**Purchaser**"), as Purchaser, and
(insert name of all Purchasers)

Purchaser agreed to purchase from Seller the real property in _____ County, Minnesota, legally described as follows:

Check here if all or part of the described real property is Registered (Torrens) ☐

2. The default is as follows:

3. THIS NOTICE IS TO INFORM YOU THAT BY THIS NOTICE THE SELLER HAS BEGUN PROCEEDINGS UNDER MINNESOTA STATUTES, SECTION 559.21, TO TERMINATE YOUR CONTRACT FOR THE PURCHASE OF YOUR PROPERTY FOR THE REASONS SPECIFIED IN THIS NOTICE. THE CONTRACT WILL TERMINATE […] DAYS AFTER [SERVICE OF THIS NOTICE UPON YOU] [THE FIRST DATE OF PUBLICATION OF THIS NOTICE] *(STRIKE ONE)* UNLESS BEFORE THEN:

(a.) THE PERSON AUTHORIZED IN THIS NOTICE TO RECEIVE PAYMENTS RECEIVES FROM YOU:

(1.) THE AMOUNT THIS NOTICE SAYS YOU OWE; PLUS

(2.) THE COSTS OF SERVICE (TO BE SENT TO YOU); PLUS

(3.) $**[...]** TO APPLY TO ATTORNEYS' FEES ACTUALLY EXPENDED OR INCURRED; PLUS^

(4.) FOR CONTRACTS EXECUTED ON OR AFTER MAY 1, 1980, ANY ADDITIONAL PAYMENTS BECOMING DUE UNDER THE CONTRACT TO THE SELLER AFTER THIS NOTICE WAS SERVED ON YOU; PLUS

(5.) FOR CONTRACTS, OTHER THAN EARNEST MONEY CONTRACTS, PURCHASE AGREEMENTS, AND EXERCISED OPTIONS, EXECUTED ON OR AFTER AUGUST 1, 1985, **[NOT APPLICABLE]** (WHICH IS TWO PERCENT OF THE AMOUNT IN DEFAULT AT THE TIME OF SERVICE OTHER THAN THE FINAL BALLOON PAYMENT, ANY TAXES, ASSESSMENTS, MORTGAGES, OR PRIOR CONTRACTS THAT ARE ASSUMED BY YOU); OR

(b.) YOU SECURE FROM A COUNTY OR DISTRICT COURT AN ORDER THAT THE TERMINATION OF THE CONTRACT BE SUSPENDED UNTIL YOUR CLAIMS OR DEFENSES ARE FINALLY DISPOSED OF BY TRIAL, HEARING OR SETTLEMENT. YOUR ACTION MUST SPECIFICALLY STATE THOSE FACTS AND GROUNDS THAT DEMONSTRATE YOUR CLAIMS OR DEFENSES.

IF YOU DO NOT DO ONE OR THE OTHER OF THE ABOVE THINGS WITHIN THE TIME PERIOD SPECIFIED IN THIS NOTICE, YOUR CONTRACT WILL TERMINATE AT THE END OF THE PERIOD AND YOU WILL LOSE ALL THE MONEY YOU HAVE PAID ON THE CONTRACT; YOU WILL LOSE YOUR RIGHT TO POSSESSION OF THE PROPERTY; YOU MAY LOSE YOUR RIGHT TO ASSERT ANY CLAIMS OR DEFENSES THAT YOU MIGHT HAVE; AND YOU WILL BE EVICTED. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, CONTACT AN ATTORNEY IMMEDIATELY.

6. The name, mailing address, street address or location and telephone number of Seller or of an attorney authorized by Seller to accept payments pursuant to this notice is:

Name: _____

(check the applicable box) ☐ Seller ☐ Attorney for Seller

Mailing Address:

Street Address or Location where Seller or Attorney for Seller will accept payment pursuant to this notice:

Telephone: _____

This person is authorized to receive the payments from you under this notice.

_____

(signature)

_____

(insert printed name)

(Optional—See Minn. Stat. 559.21, subd. 4(e))

^ See Minn. Stat. 559.21, subd. 2a.(5) for amounts of and limitations on attorneys' fees.

Note: Attach required proof of service to this Notice of Termination of Purchase Agreement before recording.

AFFIDAVIT OF FAILURE TO COMPLY WITH NOTICE

State of Minnesota, County of _____

_____, being duly sworn on oath states or under the penalties of perjury affirms that:

I am the person authorized to receive payments; more than _____ days have elapsed since the service of the notice on _____, the terms of notice have not been complied with; and the default set forth in the notice still continues. I make this affidavit for the purpose of terminating the Contract and recording the notice, the proofs of the service of the note, and this affidavit.

_____
(signature)

_____
(insert printed name)

Signed and sworn to (or affirmed) before me on _____, by _____
(month/day/year)

_____ .
(insert name of person making statement)

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)

AFTER TERMINATION OF THE CONTRACT, TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:
(insert legal name and residential or business address)

AFFIDAVIT OF PERSONAL SERVICE

State of Minnesota, County of _____

_____, being duly sworn on oath states or under the penalties of perjury affirms that:

at _____ **[a.m.] [p.m.]** on _____ I served the foregoing notice upon _____ _____ personally at _____ County of _____, State of Minnesota, by handing to and leaving with _____, a true and correct copy thereof.

_____
(signature)

_____
(insert printed name)

Signed and sworn to (or affirmed) before me on _____, by _____
(month/day/year)
_____ .
(insert name of person making statement)

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

AFFIDAVIT OF SUBSTITUTED SERVICE

State of Minnesota, County of _____

_____, being duly sworn on oath states or under the penalties of perjury affirms that:

on _____, I served the foregoing notice upon _____
by leaving a true and correct copy thereof at, _____
_____, his or her usual place of abode with
_____, a person of suitable age and discretion then residing therein.

_____
(signature)

_____
(insert printed name)

Signed and sworn to (or affirmed) before me on _____, by _____
(month/day/year)

_____ .
(insert name of person making statement)

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

SHERIFF'S RETURN OF PERSONAL SERVICE

State of Minnesota, County of _____

I hereby certify and return that in the _____ of _____ in said County and State on _____, I served the foregoing notice upon _____ _____ personally by handing to and leaving with _____ _____ a true and correct copy thereof.

DATE: _____

FEES: Service $ _____

Mileage $ _____

TOTAL $ _____

_____
(signature)

_____
(insert printed name of Sheriff)

Sheriff of _____ County, Minnesota

By: _____
Deputy

SHERIFF'S RETURN OF SUBSTITUTED SERVICE

State of Minnesota, County of _____

I hereby certify and return that in the _____ of _____ in said County and State on _____, I served the foregoing notice upon _____ _____ by leaving a true and correct copy thereof at his or her usual place of abode with _____ a person of suitable age and discretion then residing therein.

DATE: _____

FEES: Service $ _____

Mileage $ _____

TOTAL $ _____

_____
(signature)

_____
(insert printed name of Sheriff)

Sheriff of _____ County, Minnesota

By: _____
Deputy