

**NOTICE OF DECLARATORY CANCELLATION OF  
RESIDENTIAL PROPERTY PURCHASE AGREEMENT  
Minn. Stat. 559.217, subd. 4 (without right to cure)**

**Minnesota Uniform Conveyancing Blanks  
Form 110.1.2 (2011)**

YOU ARE NOTIFIED:

1. Either a default has occurred or an unfulfilled condition exists in the Purchase Agreement dated \_\_\_\_\_  
(month/day/year)  
in which \_\_\_\_\_  
(insert name of Seller)  
\_\_\_\_\_, ("Seller"),  
agreed to sell to \_\_\_\_\_  
(insert name of Purchaser)  
\_\_\_\_\_, ("Purchaser"),  
real property in \_\_\_\_\_ County, Minnesota, legally described as follows:

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

Identified in the Purchase Agreement as:

\_\_\_\_\_  
(insert property address, PID#, or other common identifier used in the Purchase Agreement, if any)

2.  Seller  Purchaser is serving this Notice of Declaratory Cancellation ("Notice") on the other party, and on \_\_\_\_\_  
(check the applicable box)  
\_\_\_\_\_, who is holding the earnest money paid  
(insert name of holder of earnest money)  
pursuant to the Purchase Agreement.

3. The name, address, and telephone number of the party serving this Notice or of an attorney authorized by that party to serve this Notice is:

Name: \_\_\_\_\_

Party serving  Attorney for party serving  
(check the applicable box)

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

4. The default or unfulfilled condition which cancelled the Purchase Agreement is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Affidavit of Service and Cancellation to follow on page 3.**

THIS NOTICE IS PURSUANT TO MINNESOTA STATUTES, SECTION 559.217, TO INFORM YOU THAT YOUR PURCHASE AGREEMENT FOR THE

(PURCHASE) (SALE)  
(STRIKE ONE)

OF THE ABOVE PROPERTY HAS BEEN CANCELED FOR THE REASONS SPECIFIED IN THIS NOTICE. THE CANCELLATION WILL BE CONFIRMED

\_\_\_\_\_ DAYS AFTER

(SERVICE OF THIS NOTICE UPON YOU) (THE FIRST DAY OF PUBLICATION OF THIS NOTICE)  
(STRIKE ONE)

UNLESS BEFORE THEN YOU SECURE FROM A DISTRICT COURT AN ORDER THAT THE CONFIRMATION OF CANCELLATION OF THE PURCHASE AGREEMENT 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 OBTAIN SUCH A COURT ORDER WITHIN THE TIME PERIOD SPECIFIED IN THIS NOTICE, THE CONFIRMATION OF CANCELLATION OF YOUR PURCHASE AGREEMENT WILL BE FINAL AT THE END OF THE PERIOD

(AND YOU WILL LOSE ALL EARNEST MONEY YOU HAVE PAID ON THE PURCHASE AGREEMENT)  
(STRIKE IF NOT APPLICABLE);

AND YOU MAY LOSE YOUR RIGHT TO ASSERT ANY CLAIMS OR DEFENSES THAT YOU MIGHT HAVE.

HOWEVER, IF WITHIN THE TIME PERIOD SPECIFIED IN THIS NOTICE YOU SERVE YOUR OWN NOTICE UNDER MINNESOTA STATUTES, SECTION 559.217, YOUR PURCHASE AGREEMENT WILL BE IMMEDIATELY CANCELED, BUT YOUR ENTITLEMENT TO EARNEST MONEY MUST BE DETERMINED BY A COURT OR DETERMINED BY ARBITRATION IF AGREED TO BY THE PARTIES.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, CONTACT AN ATTORNEY IMMEDIATELY.

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

Note: Affidavit of Service and Cancellation to follow on page 3.

**AFFIDAVIT OF SERVICE AND CANCELLATION**

State of Minnesota, County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn on oath says that:  
I am the person named above as the party serving the Notice, or the attorney authorized by the party who is serving the Notice; that I caused the Notice to be served on the other party; that the other party neither complied with the actions required in the Notice, if applicable, nor obtained a court order suspending the cancellation within the statutory time, and that the property is residential real property. I make this affidavit for the purpose of providing proof of the service of the Notice, canceling the described Purchase Agreement, and demanding that the person holding the earnest money release the earnest money to the party initiating the cancellation.

\_\_\_\_\_  
*(signature)*

Signed and sworn to 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)*