

**REQUEST FOR CANCELLATION OF MORTGAGE OR PRIVILEGE
AND RELEASE BY LICENSED FINANCIAL INSTITUTION
PURSUANT TO R.S. 9:5172**

State of _____

Parish or County of _____

BE IT KNOWN THAT on this _____ day of _____, 20____,

_____ (name of financial institution) herein represented by its undersigned duly authorized officer or officers, declares that it is a licensed financial institution as defined in R.S. 9:5172 et seq. and that one of the following statements is true and correct:

- (1) The institution was the obligee or the authorized agent of the obligee of the obligation secured by the mortgage or privilege described below when the obligation was extinguished, and the secured obligation has been paid or otherwise satisfied or extinguished; or
- (2) The institution is the obligee or authorized agent of the obligee of the secured obligation, and it releases the mortgage or privilege described below.

The Clerk of Court and Ex-Officio Recorder of Mortgages for the Parish identified below is hereby expressly requested, authorized, and directed to cancel the recordation of the mortgage or privilege described as follows:

A mortgage or privilege granted by: _____

In favor of: _____

Date of Instrument: _____

Parish of Recordation: _____

Recording Data: _____

Legal Description is as follows or is hereby attached as Exhibit "A":

- (3) The recorder of mortgages shall not be liable for any damages resulting to any person or entity as a consequence of canceling a mortgage or vendor's privilege pursuant to this form.

[Choose one of the following signature options.]

Officer's Signature: _____

Printed Name: _____ **Title:** _____

Financial Institution: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

THUS DONE AND SIGNED before me, Notary Public, on the date set forth above.

Notary Signature: _____

Printed Name of Notary: _____ **State of Appointment:** _____

Notary Bar No.: _____ **Commission Expires:** _____

OR

THUS DONE AND SIGNED by the two undersigned authorized offices of the above named financial institution.

Officer's Signature: _____

Printed Name: _____ **Title:** _____

Financial Institution: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Officer's Signature: _____

Printed Name: _____ **Title:** _____

Financial Institution: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____