

REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION
(Pursuant to R.S. 44:109B)

STATE OF LOUISIANA
PARISH OF LAFOURCHE

BE IT KNOWN that on the ____ day of _____, 20____, before me the undersigned Notary, duly commissioned and qualified in and for the above named Parish and State, PERSONALLY CAME AND APPEARED:

Represented herein by: _____
Title: _____, its duly authorized representative, who after being duly sworn declared that:
The above named Financial Institution is: (Please check the appropriate box)
 Bank Credit Union Lending Agency Other Person Conducting Such Business

Whose licensing or regulatory authority is _____
 The above named financial institution was the obligee or authorized agent of the obligee of the secured obligation described below when the obligation was extinguished.

The above named financial institution is the obligee or authorized agent of the obligee of the secured obligation described below;

The said secured obligation has been paid or otherwise satisfied or extinguished and further the said mortgage or privilege is hereby released.

The Recorder of Mortgages in and for the Parish of Lafourche, is hereby requested, authorized and directed to cancel the recordation of the following described mortgage or privilege.

Mortgage or Privilege granted by _____
In favor of _____
In the sum of _____ dated _____
Recorded in MOB _____, Folio _____, Entry Number _____
of the official records of Lafourche Parish, Louisiana, which affects the following described property.

The undersigned acknowledges that he is liable to and shall indemnify the Recorder of Mortgages of Lafourche Parish and any of its employees or agents relying on this Request for Cancellation for any damages they may suffer as a consequence of such reliance in accordance with provisions of R.S. 44:110.

WITNESSES:

SIGNATURE: _____
PRINTED NAME: _____
COMPANY NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE NO.: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public
Printed Name _____
ID or Bar Roll Number _____
Commission Expires: _____