

**REQUEST FOR PARTIAL 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 the following statements is true and correct:

The institution is a licensed financial institution as defined in R.S. 9:5172 et seq., and is the obligee or authorized agent of the obligee for the obligation secured by the mortgage or privilege described as follows:

A mortgage or privilege granted by: _____

In favor of: _____

Date of Instrument: _____

Parish of Recordation: _____

Recording Data: _____

The institution grants a partial release of the above-described mortgage or privilege, and does hereby release **ONLY** the following described property from the above-described mortgage or privilege, to wit:

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

The institution hereby requests, authorizes, and directs the Clerk of Court and Ex-Officio Recorder of Mortgages for the Parish in which the above-described property is situated to release the above-described property from the mortgage or privilege described above and to partially cancel the above-described mortgage or privilege **ONLY AS TO** such described property hereby released from the same.

The institution further expressly declares that the above-described mortgage or privilege is not released or cancelled as to any other property described in such mortgage or privilege, and such mortgage or privilege shall continue to encumber and remain in full force and effect as to all other property described therein.

The recorder of mortgages shall not be liable for any damages resulting to any person or entity as a consequence of partially cancelling 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: _____