

REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION
(MORTGAGE OR PRIVILEGE)
Pursuant to La. R.S. 9:5172

STATE OF _____

PARISH/COUNTY OF _____

BE IT KNOWN THAT on this _____ day of _____ , _____ , a licensed financial institution as as defined in La. R.S. 9:5172(C), represented herein by _____ , Title _____ , it's duly authorized representative, who after being first sworn did declare that:

The above named licensed financial institution was the obligee or the authorized agent of the obligee of the secured obligation described below when the obligation was extinguished and that the secured obligation has been paid or otherwise satisfied or extinguished, or the above named licensed financial institution is the obligee or authorized agent of the obligee of the secured obligation described below and releases the mortgage or privilege.

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

A mortgage or privilege executed by _____

in favor of _____
dated _____ , in the original sum of \$ _____
recorded as Original _____ of Bundle _____ , which affects the following described property:

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

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 in accordance with the provisions of La. R.S. 9:5174.

[Choose one of the two following signature options.]

THUS DONE AND SIGNED before me on this _____ day of _____ , _____ .

_____ COMPANY NAME/TITLE	_____ SIGNATURE
_____ ADDRESS	_____ PRINTED NAME
_____ CITY/STATE/ZIP	_____ AREA CODE/TELEPHONE/EXTENTION

NOTARY PUBLIC
Printed Name: _____
Bar Roll or Notary Number: _____

OR

THUS DONE AND SIGNED by the two undersigned authorized officers of the above name financial institution.

NAME OF OFFICER AND TITLE:	_____
NAME OF FINANCIAL INSTITUTION:	_____
REQUESTED MAILING ADDRESS:	_____
CITY, STATE, ZIP:	_____
NAME OF OFFICER AND TITLE:	_____
NAME OF FINANCIAL INSTITUTION:	_____
REQUESTED MAILING ADDRESS:	_____
CITY, STATE, ZIP:	_____