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 _________________________________, its 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/EXTENSION

___________________________
NOTARY PUBLIC
Printed Name: ____________________________
Bar Roll or Notary Number: ____________________________

OR

THUS DONE AND SIGNED by the two undersigned authorized officers of the above named 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:

Mortgage Dept. Form #26
12/18/18