

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

State of _____

Parish/County of _____

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

(Name of financial institution), herein represented by its undersigned duly authorized officer of officers, declares that it is a Licensed Financial Institution as defined by 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 mortgage or privilege below described when the obligation was extinguished, and the said 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 that it releases the mortgage or privilege described below.

The Clerk of Court and Ex-Officio Recorder of Mortgages for Caldwell Parish, Louisiana 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 _____ Instrument No.: _____

Parish of Recordation: _____ Recording Date: _____

Mortgage Book _____ Page _____ Amount \$ _____

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 two following signature options)

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

Signature: _____

Name of Officer and Title: _____

Financial Institution: _____

Mailing Address: _____

City, State, and Zip code: _____

Telephone No: _____

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

Signature: _____

Signature: _____

Name of Officer and Title: _____

Name of Officer and Title: _____

Financial Institution: _____

Financial Institution: _____

Mailing Address: _____

Mailing Address: _____

City, State, and Zip: _____

City, State, and Zip: _____

Telephone No.: _____

Telephone No.: _____