

REQUEST FOR CANCELLATION

In accordance with the provisions of La. C.C. Article 3366, the Recorder of Mortgages for **Caldwell** Parish, Louisiana is hereby requested and directed to cancel the recordation of the following described privilege:

- () **MORTGAGE** granted by _____
In favor of _____
In the sum of _____ Dated _____
Registry Number _____ MOB _____ FOLIO _____
- () **JUDGMENT** in favor of _____
Against _____
In the sum of _____ Dated _____
Registry Number _____ MOB _____ FOLIO _____
- () **OTHER** _____

Registry Number _____ MOB _____ FOLIO _____

THIS REQUEST TO CANCEL IS BASED ON THE FOLLOWING:
(Please initial the appropriate box and ATTACH the appropriate documents)

- () R.S. 9:5169 **No Paraphed Obligation** – Authentic Act signed by Oblige of Record that acknowledges satisfaction
- () R.S. 9:5170 **Paraphed Obligation** – Note Attached marked “Paid” or “Cancelled”
- () R.S. 9:5170 **Paraphed Obligation** – An act of release executed before a notary who certifies in the act that the obligation was presented to him by the holder and owner and that he paraphed it for identification with the act of release
- () R.S. 9:5171 **Public Officer** - (Sheriff, Marshal or other officer as a consequence of a judicial sale or other decree of action)
- () R.S. 9:5175 **Bankruptcy Order of Discharge** – Affidavit
- () CC 3367 **Prescribed Mortgage or Privilege** – Application
- () CC 3368 **Prescribed Judicial Mortgage** – Certificate of Clerk of the Court rendering Judgment -that no suit or motion has been filed for revival or certified copy of final judgment rejecting the demand to revive judgment
- () R.S. 9:5167E **Affidavit of Lost Note** - After Receipt of Notary who satisfied note out of proceeds
- () R.S. 9:5167.1 **Affidavit to Cancel** by Title Insurance Officer
- () R.S. 9:5168 **Affidavit of Lost or Destroyed Note** – Affidavit by oblige of record of lost/destroyed note
- () _____ **OTHER** _____

The undersigned acknowledges that (s)he is liable to and shall indemnify the Recorder of Mortgages of **Caldwell** Parish and any of its employees or agents relying on this Request for Cancellation for any damages suffered as a consequence of such reliance pursuant to R.S. 9:5174.

This _____ day of _____, 20 _____.

SIGNATURE: _____
PRINTED NAME: _____
COMPANY NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE NO: _____

This form must have attachments.