

**REQUEST FOR PARTIAL CANCELLATION OF MORTGAGE OR PRIVILEGE AND PARTIAL 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 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 _____ Instrument No.: _____

Parish of Recordation: _____ Recording Date: _____

Mortgage Book _____ Page _____

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 Caldwell 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 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.: _____