

REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION

(Pursuant to La. R.S. 9:5172, formerly La. R.S. 44:109)

STATE OF _____
PARISH OF _____

BE IT KNOWN that on this ____ day of _____, 20____, before me the undersigned Notary, duly commissioned and qualified in and for the above named Parish and State, **PERSONALLY CAME AND APPEARED:**

_____ herein represented herein by: _____
Title: _____, its duly authorized representative, which declared that it is a licensed financial institution as defined in La. R.S. 9:5172 et seq. and that one of the following statements is true and correct:

The above named financial institution was the obligee or authorized agent of the obligee of the secured obligation described below when the obligation was extinguished;

The above named financial institution is the obligee or authorized agent of the obligee of the secured obligation described below;

The said secured obligation has been paid or otherwise satisfied or extinguished and further the said mortgage or privilege is hereby released.

The Recorder of Mortgages in and for the Parish of Ascension is hereby requested, authorized and directed to cancel the recordation of the mortgage or privilege described as follows:

Mortgage or Privilege granted by _____
In favor of _____
In the sum of _____ Dated _____
Registry Number _____ MOB _____ FOLIO _____
of the official records of Ascension Parish, Louisiana, which affects the following described property:

Appearer, on behalf of the above named licensed financial institution, acknowledges that he is liable to and shall indemnify the Recorder of Mortgages of Ascension Parish and any of its employees or agents relying on this Request for Cancellation for any damages they may suffer as a consequence of such reliance in accordance with the provisions of La. R.S. 9:5174.

WITNESSES:

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

TELEPHONE NO: _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

Notary Public
Printed Name: _____
ID or Bar Roll Number: _____
Commission Expires: _____