

REQUEST FOR CANCELLATION OF MORTGAGE OR PRIVILEGE
AND RELEASE BY LICENSED FINANCIAL INSTITUTION
PURSUANT TO R.S. 9:5172

STATE OF LOUISIANA

PARISH OF JACKSON

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

(name of financial institution)

herein represented by its undersigned duly authorized officer or officers, declares that it is a licensed financial institution as defined in 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 the mortgage or privilege described below when the obligation was extinguished, and the 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 it releases the mortgage or privilege described below.

The Clerk of Court and Ex-Officio Recorder of Mortgages for Jackson Parish 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: _____

Date of Instrument: _____ Date of Recordation: _____

Parish of Recordation: _____

Instrument Number: _____ MOB: _____ FOLIO: _____

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 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.

Name of officer and title

Name of financial institution

Requested mailing address

City, state, and zip code

Notary Public

(Printed name of notary and bar roll or notary number)

OR

THUS DONE AND SIGNED, by the two undersigned authorized officers of the above named financial institution on the date set forth above.

Officer: _____

Printed Name of officer and title

Name of financial institution

Requested mailing address

City, state, and zip code

Officer: _____

Printer Name of officer and title

Name of financial institution

Requested mailing address

City, state, and zip code