

**REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION  
(Pursuant to R.S. 44:109)**

STATE OF \_\_\_\_\_  
PARISH OR COUNTY OF \_\_\_\_\_

**BE IT KNOWN** that on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
before me, the undersigned Notary Public appeared:

\_\_\_\_\_  
**Name of Financial Institution**

Herein represented by its undersigned duly authorized representative, which declared that it is a licensed financial institution as defined in R.S. 44:109 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 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 Lafayette is hereby requested, authorized and directed to cancel the recordation of the mortgage or privilege described as follows:

**Mortgage or Privilege** made by \_\_\_\_\_

In favor of \_\_\_\_\_

In the sum of \_\_\_\_\_ Date of instrument \_\_\_\_\_

Registry Number \_\_\_\_\_

Legal description is as follows or is hereby attached as Exhibit "A"

\_\_\_\_\_  
\_\_\_\_\_

The undersigned acknowledges that he is liable to and shall indemnify the Recorder of Mortgages of Lafayette Parish and any of its employees relying on this Cancellation for any damages they may suffer as a consequence of such reliance in accordance with provisions of R.S. 44:110.

**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: \_\_\_\_\_