

REQUEST TO CANCEL

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

Mortgage grante	ed by	
		, Dated
Recorded in MOB	, Folio	, Instrument Number
		, Dated
		, Instrument Number
		, Dated
Recorded in MOB	, FOIIO	, Instrument Number
This Request to Cancel is b	pased on the following: (Please check the	e appropriate box and attach documentation)
Affidavit to Canc	el by Title Insurance Officer (LA. R.S. 9:52	167.1)
Release by <u>Licen</u>	sed Financial Institution (LA R.S. 9:5172,	formerly LA. RS. 44:109)
Notary Affidavit	Proving Payment of <u>Lost Paraphed Note</u>	(LA. R.S. 9:5167 A.(1))
Release by <u>Nota</u>	rial Act with Paraph (LA. R.S. 9:5170 A(2)	, formerly LA. R.S. 44:107 A(2))
<u>Note</u> - Original P	romissory Note Attached - "Paid" or "Can	ncelled"(LA R.S. 9:5170A(1), formerly LA.R.S. 44:107A(1))
Affidavit of Oblig	gee of Record of Lost Paraphed Obligation	<u>n</u> (LA. R.S. 9:5168)
Order of Dischar	ge in Bankruptcy (LA. R.S. 9:5175C, form	erly LA. R.S. 44:111C)
		Mortgage Certificate (LA. R.S. 13:4344.1)
Uniform Reguest	t and Cancellation Affidavit (LA. R.S. 9:51	.66)
	raphed Obligation (LA. R.S. 9:5169, form	
		der (LA. R.S. 9:5171 , formerly LA. R.S. 44:108)
•	ge or privilege has ceased for lack of rein	
	gage Certificate required to be attached)	scription (cc Art. 3307)
_		inial mantana (CC Art. 22CO)
	n for to revive previously reinscribed judi	
	s Civil Certificate required to be attached,)
Other:		
-	on for any damages they may suffer as a c	nify the Recorder of Mortgages and any person relying on consequence of such reliance in accordance with the
Attached is my p	payment in the amount of \$	of fees to effect the above requested cancellation.
	y Account Number	
	made through e-Recording Vendor.	
Date:	<u> </u>	
Signature:		Printed Name:
Company Name:		Title:
Mailing Address:		
		ZIP:
. с.ерпопе т.	Liliali.	



BOND FOR RELEASE OF PRIVATE WORKS LIEN

KNOW ALL MEN BY THESE PRESENTS:

THAT	<i>-</i>
represented by	its duly authorized
agent(s), of the Parish/ County of	, State of
as Principal(s) , and	
as Surety , represented herein by	
duly authorized are held and firmly bound unto	Melissa R. Henry, Clerk of Court and
in the sum of	
for the payment of which sum well and truly to I	
Court and	
their heirs, administrators, or assigns, firmly by t	
WHEREAS,	did enter into a
certain written contract dated	, with
f	or work in the Parish of St. Tammany, Louisiana,
which contract is is not recorde	d in the official records of St. Tammany Parish,
Louisiana at MOB, Folio Instru	ment No; and
WHEREAS,	Claimant(s)
did execute an affidavit asserting a lien against_	
, dated, file	ed for record on, recorded as
MOB, Folio, Instrumen	t No in the mortgage records
of St. Tammany Parish, thereby claiming a lien a amount of	gainst work, labor and/or materials in in the Dollars \$,
bearing against real property described as: (Prophereof)	perty Description or Attachment made a part
	Principal(s), an interested party,
desires to bond said claim of lien as authorized k	by the provisions of Louisiana RS 9:4835, et seq.;
NOW the condition of the above obligation is su	ch that in the event that the legality of the
aforesaid claim of lien is established by suit or o	therwise, this bond shall remain in full force and
effect to protect the interests of the Claimant(s)	in the premises and to secure payment of the
claim described and referred to hereinabove file	• •
	(Lien Claimant);

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ACCORDINGLY, said Clerk of Court and Ex	-Officio Recorder of Mortgages for St. Tammany
Parish, Louisiana, is hereby requested, aut	thorized and directed to release the said lien recorded
in MOB, Folio, Ins	strument Number, and substitute in
lieu thereof this bond. Appearers further	hereby agree to relieve, release, hold harmless and
indemnify Melissa R. Henry, Clerk of Court	t from any and all damages resulting from the
cancellation of the encumbrance describe	d hereinabove.
DDINCIDAL	DDINICIDAL.
	PRINCIPAL:
	Printed Name:
	Title:
	Mailing Address:
	City:State:ZIP:
	Telephone:
Email Address:	Email Address:
State of	
Parish/County of	
Sworn and subscribed before me this day or	f
Notary Public	_
Printed Name:	
Notary ID or Bar Roll Number:	
Commission Expires:	<u> </u>
SURETY:	
Printed Name:	
Ву:	
Its duly authorized agent	
State of Parish/County of	
Sworn and subscribed before me this day or	f
=======================================	·
	<u> </u>
Notary Public	
Printed Name: Notary ID or Bar Roll Number:	
Commission Expires:	
· ————	
Approved: Date	
	CLERK OF COURT

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