



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

STATE OF _____
PARISH OF _____

Be it known, that on this _____ day of _____, 20____;

(Financial Institution)

Herein represented by its undersigned duly authorized officer of officers, declares that it is a Licensed Financial Institution as defined by 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 mortgage or privilege below described when the obligation was extinguished, and the said 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 that it releases the mortgage or privilege described below.

The Clerk of Court and Ex-Officio Recorder of Mortgages for St. Tammany Parish, Louisiana 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 _____ Instrument Number: _____

Parish of Recordation: _____ Recording Date: _____

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

The recorder of mortgages shall not be liable for any damages resulting to any person or entity as a consequence of canceling a mortgage or vendor’s privilege pursuant to this form.

CHOOSE ONE OF THE FOLLOWING TWO SIGNATURE OPTIONS

THUS DONE AND SIGNED before me, Notary Public, on the date set forth above

	Signature: _____
	Name of Officer and Title: _____
	Financial Institution: _____
Notary Public: _____	Title: _____
Printed Name: _____	Mailing Address: _____
ID or Bar Roll Number: _____	City: _____ State: _____ ZIP: _____
Commission Expires: _____	Telephone: _____ Email: _____

OR

Signature: _____	Signature: _____
Name of Officer and Title: _____	Name of Officer and Title: _____
Financial Institution: _____	Financial Institution: _____
Title: _____	Title: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____