

## **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 granted by \_\_\_\_\_

in tavor of _				
				Number
Ju	<b>dgment</b> in favor of _			
Against				
				Number
Ot	her	F !!	, Dated	N
Recorded in	MOR	, FOIIO	, Instrument	Number
This Reques	t to Cancel is based	on the following: (Please che	ck the appropriate b	oox and attach documentation)
Af	fidavit to Cancel by T	itle Insurance Officer (LA. R.S	5. 9:5167.1)	
Re	Release by Licensed Financial Institution (LA R.S. 9:5172, formerly LA. RS. 44:109)			
No	tary Affidavit Provin	g Payment of Lost Paraphed	Note (LA. R.S. 9:516	7 A.(1))
Re	lease by <u>Notarial Act</u>	with Paraph (LA. R.S. 9:5170	A(2), formerly LA. I	R.S. 44:107 A(2))
No	ote - Original Promiss	ory Note Attached -"Paid" or	"Cancelled"(LA R.S	. 9:5170A(1), formerly LA.R.S. 44:107A(1))
		Record of Lost Paraphed Obli	-	
	<u>-</u>	ankruptcy (LA. R.S. 9:5175C,		
	Affidavit of <u>Title Insurer Directing Partial Cancellation on Mortgage Certificate</u> (LA. R.S. 13:4344.1)  Uniform Request and Cancellation Affidavit (LA. R.S. 9:5166)			
	•		-	:106 \
	Release of <u>Unparaphed Obligation</u> ( <b>LA. R.S. 9:5169</b> , formerly LA. R.S. 44:106 )  Certificate by Sheriff, Marshall in judicial sale or Court Order ( <b>LA. R.S. 9:5171</b> , formerly LA. R.S. 44:108)			
	-	-		
EII		rivilege has ceased for lack o	•	rt. 3307)
		ertificate required to be attac		(00.1 : 00.00)
No		revive previously reinscribe		(CC Art. 3368)
		Certificate required to be atta	,	
Ot	her:			
The undersig	gned acknowledges t	hat he is liable to and shall in	demnify the Record	er of Mortgages and any person relying on
this request	for cancellation for a	iny damages they may suffer	as a consequence o	f such reliance in accordance with the
provisions of	f Louisiana law.			
			of fees to eff	ect the above requested cancellation.
	ease charge my Acco		·	
Ра	yment will be made	through e-Recording Vendor.		
Date:				
Date				
Signature:			Printed Name:	
	·			
Mailing Add	lress:			
City:		St	ate:	ZIP:
Telenhone ±	<b>#</b> :	Fr	mail:	