

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

State of \_\_\_\_\_

Parish or County of \_\_\_\_\_

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 the Parish identified below 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: \_\_\_\_\_

Parish of Recordation: \_\_\_\_\_

Recording Data: \_\_\_\_\_

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 canceling a mortgage or vendor's privilege pursuant to this form.

**[Choose one of the two following signature options.]**

Officer's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Notary Signature: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_ State of Appointment: \_\_\_\_\_

Notary or Bar No.: \_\_\_\_\_ Commission expires: \_\_\_\_\_

**OR**

THUS DONE AND SIGNED by the two undersigned authorized officers of the above named financial institution.

Officer's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_