

**AFFIDAVIT OF LOST PARAPHESED PROMISSORY NOTE OR RELEASE
INSTRUMENT & REQUEST FOR CANCELLATION OF MORTGAGE OR PRIVILEGE
AND RELEASE (BY LICENSED TITLE INSURANCE COMPANY)
(Pursuant to La. R.S. 9:5167(B))**

Parish/County of: _____, State of _____

BE IT KNOWN THAT on this _____ day of _____, 20____, before me, the undersigned Notary Public, appeared: _____, (name of title insurance company), affiant, a licensed title insurance company as defined in the Louisiana Insurance Code (**this DOES NOT include title agents**), herein represented by its undersigned duly authorized officer, which declared that:

All obligations secured by the mortgage or vendor's privilege described below have been satisfied and the above named title insurance company has issued or will issue a policy of title insurance covering the same property which had secured a debt with the below described mortgage or vendor's privilege.

The affiant has made a due and diligent search for the lost or destroyed paraphesed promissory note or release instrument, the note or instrument cannot be located, and 60 days have elapsed since payment or satisfaction of the secured obligation.

The description of the lost note or instrument is as follows:

___ Lost paraphesed promissory note:

Dated: _____; In the amount of: \$ _____
Granted by: _____;
In favor of: _____;
Executed before _____, Notary Public;

OR

___ Lost release instrument executed by: _____.

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: MOB _____ folio _____, Instrument No.: _____.

Legal description is hereby attached as Exhibit "A".

*****Attach property description for partial release ONLY. If no property description is provided, this document is intended as a FULL release of the aforesaid inscription.*****

*****If you wish to cancel related subsequent inscriptions, list them on a request to cancel form and attach.*****

The above title insurance company agrees to be personally liable to and indemnify the recorder of mortgages and any person relying upon the cancellation by affidavit for any damages that they may suffer as a consequence of such reliance if this affidavit contains materially false or incorrect statements that cause the recorder to incorrectly cancel the recordation of a mortgage or privilege.

Signature: _____

Name of Title Insurance Company Officer and Title: _____

Name of Title Insurance Company: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Notary Public

Printed Name: _____

Notary or Bar Number : _____ **Commission expires:** _____