

REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION
(Pursuant to R.S. 44:109B)

STATE OF _____
PARISH OF _____

BE IT KNOWN that on this ____ day of _____, 20____, before me the undersigned Notary, duly commissioned and qualified in and for the above named Parish and State,
PERSONALLY CAME AND APPEARED:

Represented herein by: _____
Title: _____, its duly authorized representative, who after being duly sworn declared:

The above named Financial Institution is: *(Please initial the appropriate box)*
 Bank Credit Union Lending Agency Other Person Conducting Such Business

Whose licensing or regulatory authority is _____
(Please initial the appropriate box)

- The above named financial institution was the obligee or authorized agent of the obligee of the secured obligation described below when the obligation was extinguished;
- The above named financial institution is the obligee or authorized agent of the obligee of the secured obligation described below;

The said secured obligation has been paid or otherwise satisfied or extinguished and further the said mortgage or privilege is hereby released.

The Recorder of Mortgages in and for the Parish of _____ is hereby requested, authorized and directed to cancel the recordation of the mortgage or privilege described as follows:

Mortgage or Privilege granted by _____
In favor of _____
In the sum of _____ Dated _____
Registry Number _____ MOB _____ FOLIO _____
of the official records of _____ Parish, Louisiana, which affects the following described property:

The undersigned acknowledges that he is liable to and shall indemnify the Recorder of Mortgages of _____ Parish and any of its employees or agents relying on this Request for Cancellation for any damages they may suffer as a consequence of such reliance in accordance with provisions of R.S. 44:110.

WITNESSES:

SIGNATURE: _____

PRINTED NAME: _____

COMPANY NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE NO: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public

Printed Name: _____

ID or Bar Roll Number: _____

Commission Expires: _____

RFC 3
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