

R.S. 9:5172 FORM:
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.]

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

Name of officer and title

Name of financial institution

Requested mailing address

City, state, and zip code

Notary Public
(Printed name of notary and bar roll or notary number)

OR

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

Name of officer and title

Name of financial institution

Requested mailing address

City, state, and zip code

Name of officer and title

Name of financial institution

Requested mailing address

City, state, and zip code