**REQUEST FOR CANCELLATION**

**In accordance with the provisions of La. C.C. Article 3366, The Recorder of Mortgages for West Carroll Parish, Louisiana is hereby requested and directed to cancel the recordation of the following described privilege:**

**( ) MORTGAGE granted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Favor of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the sum of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registry Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOB:\_\_\_\_\_\_\_\_\_\_\_\_\_FOLIO:\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) JUDGMENT against:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Favor of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the sum of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registry Number:\_\_\_\_\_\_\_\_\_\_\_\_Suit#\_\_\_\_\_\_\_\_\_\_\_\_MOB:\_\_\_\_\_\_\_\_\_\_\_\_\_FOLIO:\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) OTHER-Granted by/Against:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Favor of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registry Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_FOLIO\_\_\_\_\_\_\_\_\_\_\_\_**

***THIS REQUEST TO CANCEL IS BASED ON THE FOLLOWING:***

**(Please initial the appropriate box)**

**( ) R.S. 9:5169 No Paraphed Obligation – Authentic Act signed by Obligee of Record that acknowledges satisfaction.**

**( ) R.S. 9:5170 Paraphed Obligation – Note attached marked “PAID” or “CANCELLED”.**

**( ) R.S. 9:5170 Paraphed Obligation – An authentic act of release identifying the obligation, by one who declares he**

**is both owner and holder of the obligation, directing the recorder to cancel the incumbrance in**

**whole or in part and a declaration by the notary that he paraphed the obligation with the act.**

**( ) R.S. 9:5171 Public Officer – Sheriff, Marshal or other Officer as a consequence of a Judicial Sale or other Decree**

**or Action.**

**( ) CC 3367 Prescribed Mortgage or Privilege – Application.**

**( ) CC 3368 Prescribed Judicial Mortgage – Certificate of Clerk of the Court rendering Judgment – that no suit or**

**motion has been filed for revival or certified copy of final judgment rejecting the demand to revive**

**judgment.**

**( ) R.S. 9:5167 Affidavit of Lost Note – After Receipt of Notary who satisfied note out of proceeds or by Title**

**Insurance Officer.**

**( ) R.S. 9:5167.1 Affidavit to Cancel – Cancellation of Mortgage inscription by affidavit; penalties (Exhibits – Payoff**

**Statement and Cancelled Check)**

**( ) \_\_\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The undersigned acknowledges that he is liable to and shall indemnify the Recorder of Mortgages of West Carroll 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. 9:5174.**

**This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018.**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NO:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**