

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