



Felicia C. Feist
Clerk of Court
St. John The Baptist Parish
40th Judicial District

2393 HIGHWAY 18
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EDGARD, LA 70049
Phone: 985-497-3331
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REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION
(Pursuant to R.S. 44:109)

STATE OF _____
PARISH OF _____

Before me the undersigned Notary, duly commissioned and qualified in and for the above named Parish/county and State personally came and appeared:

_____, a licensed financial institution as defined in La. R.S. 44:109 c, represented herein by its undersigned duly authorized representative, who after being first sworn declared that one of the following statements is true and correct:

(1) The above named financial institution was the obligee or authorized agent of the obligation secured by below described mortgage or privilege when it the obligation was extinguished and that the said secured obligation has been paid or otherwise satisfied or extinguished;

or

(2) The above named financial institution is the obligee or authorized agent of the obligee of the secured and that it releases the mortgage or privilege described below.

The Clerk of Court and Ex-Officio Recorder of Mortgage for St. John the Baptist Parish, Louisiana is hereby expressly 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 _____

Recorded in MOB _____, Folio _____, Instrument Number _____

Legal description is as follows or as described on the attachment hereto which is made a part hereof:

Appearer, on behalf of the above named licensed financial institution, acknowledges that it is liable to and shall indemnify the Recorder of Mortgage and any person relying on this request for cancellation for any damages they may suffer as a consequence of such reliance in accordance with the provisions of La. R.S. 44:110.

The above and foregoing sworn and subscribed before me this _____ day of _____, 20____.

SIGNATURE: _____

PRINTED NAME: _____

COMPANY NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE NO.: _____

Notary Public

Printed Name: _____

ID or Bar Roll Number: _____

Commission Expires: _____