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

Whose licensing or regulatory authority is	STATE OF PARISH OF	-		
Represented herein hy:	duly commissioned and qualified in PERSONALLY CAME AND AF	n and for the above named Parish a PPEARED:	nd State,	vtary,
The above named Financial Institution is: (Please check the appropriate box) (Represented herein by:			
Whose licensing or regulatory authority is		• •	•••	ired:
() The above named financial institution was the oblige or authorized agent of the oblige of the secured obligation described below when the obligation was extinguished; () The above named financial institution is the oblige or authorized agent of the oblige 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 requested, authorized and directed to cancel the recordation of the mortgage or privilege described as follows: Mortgage or Privilege granted by	() Bank () Credit Union	() Lending Agency () Other	Person Conducting Such Business	
of the secured obligation described below when the obligation was extinguished; () The above named financial institution is the oblige or authorized agent of the oblige 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 requested. 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 Dated [In the sum of Dated [OI the umore signed acknowledges that he she is liable to and shall indennity the Recorder of Mortgages of POIAD [PoIAD 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: TITLE: ADDRRSS: TELEPHONE NO: TELEPHONE NO: Notary Public	Whose licensing or regulatory auth	ority is	100	441
the 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 favor of Mortgage or Privilege granted by Registry Number MOB PolLO Other official records of Parish, Louisiana, which affects the following described property:		-		
privilege is hereby released. The Recorder of Mortgages in and for the Parish of		-	rized agent of the obligee of	
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:		en paid or otherwise satisfied or ext	inguished and further the said mortgage of	or
and directed to cancel the recordation of the mortgage or privilege described as follows: Mortgage or Privilege granted by	privilege is hereby released.			
In favor of				norized
Registry Number MOB FOLIO of the official records ofParish, Louisiana, which affects the following described property:				
of the official records ofParish, Louisiana, which affects the following described property:Parish, Louisiana, Water, Parish, Louisiana, Mater, Parish, Louisiana, Parish, Louisiana, Mater, Paris	In the sum of		Dated	
property:	Registry Number	MOB	FOLIO	
The undersigned acknowledges that he/she is liable to and shall indemnify the Recorder of Mortgages ofParish 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: PRINTED NAME: COMPANY NAME: COMPANY NAME: TITLE: ADDRESS: TELEPHONE NO: TELEPHONE NO: TELEPHONE NO: Notary Public Notary Public Notary Public ID or Bar Roll Number:	property:			
accordance with provisions of R.S. 44:110. WITNESSES:				
WITNESSES: SIGNATURE:	accordance	is Request for Cancellation for any damages	s they may suffer as a consequence of such reliance	in
PRINTED NAME:	*	SIGNATUDE		
	WIIILOOLO:			
TITLE:				
ADDRESS:				
TELEPHONE NO:		ADDRESS:		
Notary Public Printed Name: ID or Bar Roll Number:				
Printed Name: ID or Bar Roll Number:	Sworn to and subscribed	before me this day of	, 20	
ID or Bar Roll Number:	-	Notary Public		
		Printed Name:		
Commission Expires:				
		Commission Expires:		

RFC 3

Revised 6-21-06