REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION (Pursuant to R.S. 9:5172 formerly 44:109)

STATE OF		_	
PARISH OR C	OUNTY OF	_	
RF IT	KNOWN that on this	day of	20
BE IT KNOWN that on this day of, 20			
	Name of F	inancial Institution	
	ed by its undersigned duly authorion as defined in R.S. 9:5172 et s		
(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.		
	l obligation has been paid or othe rilege is hereby released.	rwise satisfied or exting	uished and further the said
	Mortgages in and for the Parish ordation of the mortgage or privil		
Mortgage or Priv	rilege made by		
In favor of			
In the sum of		Date of inst	rument
Registry Number			
Legal description i	is as follows or is hereby attached as	Exhibit "A"	
Lafayette Parish	acknowledges that he is liable to and any of its employees relying f such reliance in accordance with	on this Cancellation for	any damages they may suffer as
WITNESSES:			
WIII LOOLO	SIG	NATURE:	
	PRI	NTED NAME:	
	CON	MPANY NAME:	
	TIT	LE:	
	ADI		
	TEL		
Sworn to and	d subscribed before me this	_ day of	, 20
		otary Public	
	ID or Bar Roll Num	ber:	
		s:	

Revised 7-26-2012