PARTIAL REQUEST FOR CANCELLATION OF MORTGAGE OR PRIVILEGE AND RELEASE BY LICENSED FINANCIAL INSTITUTION
(formerly to La. R.S. 44:109)
Pursuant to La. 9:5172

STATE OF: _____

PARISH/COUNTY OF: _____

Being it know that on this _____ day of _____, 20__, before me, the undersigned Notary Public personally came and appeared _____ [name financial institution] herein represented by its undersigned duly authorized representative, which declared that it is a licensed financial institution as defined in La. 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 partially extinguished, and the secured obligation has been partially paid or otherwise partially satisfied or extinguished; OR

> (2) The institution is the obligee or authorized agent of the obligee of the secured obligation, and it partially releases the mortgage or privilege described below.

The recorder of mortgages shall not be liable for any damages resulting to any person or entity as a consequence of partially canceling a mortgage or vendor's privilege described below.

The Clerk of Court and Ex-Officio Recorder of Mortgages for Calcasieu Parish is hereby expressly requested, authorized, and directed to partially cancel the recordation of the mortgage or privilege described as follows:

Mortgage or privilege granted by: _____

In favor of: _____

Secured Obligation/Amount: _____

Date of Instrument: _____ **Parish of Recordation:** _____

Recording Information: BOOK _____ **PAGE** _____ **FILE NO.** _____
*Assignments, reinscriptions, corrections, subordinations, modifications:
MOB _____ **PG** _____ **FILE #** _____; **MOB** _____ **PG** _____
FILE # _____; **MOB** _____ **PG** _____ **FILE #** _____
Legal Description (ONLY INSOFAR AS) is as follows or is hereby attached as Exhibit A:

_____

_____

_____

THUS DONE AND PASSED before me, Notary Public, on this _____ day of _____, 20___.

Signature: _____

Name of Financial Institution Officer and Title: _____

_____

Name of Financial Institution: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

_____
NOTARY PUBLIC

Printed Name: _____
Notary or Bar Number: _____ **Commission expires** _____