



**LANCE MARINO
CLERK OF COURT AND EX-OFFICIO RECORDER
PARISH OF ST. CHARLES**

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REQUEST FOR CANCELLATION

In accordance with the provisions of LA. C.C. Article 3366, The Recorder of Mortgages for St. Charles Parish, Louisiana is hereby requested and directed to cancel the recordation of the following described privilege:

- () **MORTGAGE** granted by _____
In favor of _____
In the sum of _____ Dated _____
Registry Number _____ MOB _____ FOLIO _____
- () **JUDGMENT** in favor of _____
Against _____
In the sum of _____ Dated _____
Registry Number _____ MOB _____ FOLIO _____
- () **OTHER** _____

Registry Number _____ MOB _____ FOLIO _____

THIS REQUEST TO CANCEL IS BASED ON THE FOLLOWING:
(Please initial the appropriate box)

- () R.S. 44:106 **No Paraphed Obligation** – Authentic Act signed by Obligee of Record that acknowledges satisfaction
- () R.S. 44:107 **Paraphed Obligation** – Note Attached marked "Paid" or "Cancelled"
- () R.S. 44:107 **Paraphed Obligation** – An act of release executed before a notary who certifies in the act that the obligation was presented to him by the holder and owner and that he paraphed it for identification with the act of release
- () R.S. 44:108 **Public Officer** – (Sheriff, Marshal or other officer as a consequence of a judicial sale or other decree of action)
- () R.S. 44:111 **Bankruptcy Order of Discharge** – Affidavit
- () CC 3367 **Prescribed Mortgage or Privilege** – Application
- () CC 3368 **Prescribed Judicial Mortgage** – Certificate of Clerk of the Court rendering Judgment – that no suit or motion has been filed for revival or certified copy of final judgment rejecting the demand to revive judgment
- () R.S. 9:5167E **Affidavit of Lost Note** – After Receipt of Notary who satisfied note out of proceeds
- () R.S. 9:5167.1 **Affidavit to Cancel** by Title Insurance Officer
- () _____ **OTHER** _____

The undersigned acknowledges that he is liable to and shall indemnify the Recorder of Mortgages of St. Charles 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.

This _____ day of _____, 20_____.

SIGNATURE: _____
PRINTED NAME: _____
COMPANY NAME: _____
TITLE: _____
ADDRESS: _____
TELEPHONE NO: _____