AFFIDAVIT AND AUTHORIZATION TO PARTIALLY CANCEL MORTGAGE, LIEN, OR PRIVILEGE Pursuant to La. R.S. 13:4368

State (of				
r ai isii/	County of				
	BE IT KNOWN THAT on this	day of		, 20	, before me, the
unders	igned Notary Public came and appea	red:			
	The Seizing CreditorAddress:				
	Telephone No.:Email Address:				
	Represented by:				
					(Title)
OR					
	The Attorney of Record:Address:				
	Telephone No.:Email Address:				
	For the seizing creditor:				
	who declares that the seizing credit	or filed suit for	executory process	n the	Judicial District
	Case No.		~		
			(+		itors rights under thet), recorded o
	, 20 i	n MOB	FOLIO	, INSTR	LUMENT NO.
describ	in the records ped property:	s of the Clerk	of Court, Rapides	s Parish, eff	fecting the following
	A judicial sale dated		_, 20, was Rec	orded in CO	В
FOLIC Rapide	Parish. , INSTRUMENT NO.				
	The Affiant hereby authorizes and	directs the Cler	k of Court for the P	arish of Rapi	des to
The in	IALLY CANCEL the following: ferior mortgage, lien or privilege: d/Made by:				
Record	led on:	, 20	, in MOB	FOLIO _	,
INSTR	RUMENT NO	;			
	Partially cancel aforesaid inscription				
				ONLY a	and no further;

Affiant declares that written notice of seizure was given to the inferior creditor prior to the judicial sale, and a copy is attached of the written notice together with evidence that it was delivered to the inferior creditor. (See attached.)

The above affiant or company represented, agrees to be liable to and indemnify the recorder of mortgages and any person relying upon the cancellation by this affidavit for any damages that they may suffer as a consequence of such reliance if this affidavit contains materially false or incorrect statements that cause the recorder to incorrectly cancel the recordation of an inferior mortgage or privilege.

The above affiant or company represented agrees to be bound and liable by all the provisions, terms and conditions of the above sited Louisiana Revised Statue.

Affiant's Signature:			
Printed Name:			
Company Name:			
Title:		(Its duly authorized agen	t)
Mailing Address:			
City:	State:	ZIP:	_
Telephone #:	Email:		
SWORN TO AND SUBSCRIBED before me this	_ day of	, 20	
Notary Signature and Seal:			
Printed Name of Notary:	State of Appo	ointment:	_
Notary or Bar No.:Commission	on expires:		