

**REQUEST TO CANCEL ASSOCIATED INSCRIPTIONS**

Insofar as the \_\_\_\_\_  
Granted by or filed against: \_\_\_\_\_;  
In favor of: \_\_\_\_\_;  
In the sum of: \$ \_\_\_\_\_; Dated: \_\_\_\_\_; Recorded in Mortgage Office  
Book \_\_\_\_\_ Folio \_\_\_\_\_, has been previously cancelled, the Clerk of Court and Recorder of Mortgages  
for the **Parish of Plaquemines** is hereby authorized, directed, and requested to cancel the subsequently recorded  
related inscriptions described below.

**Assumption    Assignment    Correction    Other** \_\_\_\_\_

Granted by or filed against: \_\_\_\_\_;  
In favor of: \_\_\_\_\_;  
In the sum of: \$ \_\_\_\_\_; Dated \_\_\_\_\_;  
Recorded in Mortgage Office Book \_\_\_\_\_ Folio \_\_\_\_\_, Instrument number \_\_\_\_\_.

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**Assumption    Assignment    Correction    Other** \_\_\_\_\_

Granted by or filed against: \_\_\_\_\_;  
In favor of: \_\_\_\_\_;  
In the sum of: \$ \_\_\_\_\_; Dated \_\_\_\_\_;  
Recorded in Mortgage Office Book \_\_\_\_\_ Folio \_\_\_\_\_, Instrument number \_\_\_\_\_.

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**Assumption    Assignment    Correction    Other** \_\_\_\_\_

Granted by or filed against: \_\_\_\_\_;  
In favor of: \_\_\_\_\_;  
In the sum of: \$ \_\_\_\_\_; Dated \_\_\_\_\_;  
Recorded in Mortgage Office Book \_\_\_\_\_ Folio \_\_\_\_\_, Instrument number \_\_\_\_\_.

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**Assumption    Assignment    Correction    Other** \_\_\_\_\_

Granted by or filed against: \_\_\_\_\_;  
In favor of: \_\_\_\_\_;  
In the sum of: \$ \_\_\_\_\_; Dated \_\_\_\_\_;  
Recorded in Mortgage Office Book \_\_\_\_\_ Folio \_\_\_\_\_, Instrument number \_\_\_\_\_.

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The undersigned acknowledges that he/she is liable to and shall indemnify the Recorder of Mortgages for  
the **Parish of Plaquemines** and any person relying on this request for cancellation for any damages they may suffer  
as a consequence of such reliance in accordance with the provisions of La. R. S. 44:110.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**PRINTED name of Above Signed Party:** \_\_\_\_\_  
**Company (if applicable):** \_\_\_\_\_  
**Title (if applicable):** \_\_\_\_\_ (*Duly Authorized Agent*)  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**e-Mail Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_