

**AFFIDAVIT OF LOST PARAPHESED PROMISSORY NOTE &  
AUTHORIZATION TO CANCEL MORTGAGE (BY NOTARY PUBLIC)**

*(Pursuant to La. R.S. 9:5167(a))*

State of \_\_\_\_\_

Parish/County of \_\_\_\_\_

BE IT KNOWN THAT on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, the undersigned Notary Public, appeared: \_\_\_\_\_, a duly licensed Notary Public, who, after being duly sworn, did depose and say that he or someone under his direction did satisfy the paraphed promissory note described below and:

- 1) Received the note marked "Paid in Full" from the last holder of the note; and that the note was lost or destroyed while in the affiant's custody; *or*
- 2) Has confirmed that the last holder of the paraphed note received payment in full and sent the note and the note was never received.

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

*Description of the paraphed promissory note, inscription to be cancelled, and the property:*

Granted by: \_\_\_\_\_ ;

In favor of: \_\_\_\_\_ ;

Amount of Note: \$ \_\_\_\_\_ ; Date of note: \_\_\_\_\_ ;

Parish of Recordation: \_\_\_\_\_ ;

Recording data: MOB \_\_\_\_\_ Folio \_\_\_\_\_ , Instrument No.: \_\_\_\_\_ .

Legal description of subject property:

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

The affiant has made a due and diligent search for the note, the note cannot be located, and 60 days have elapsed since payment or satisfaction of the note.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary or Bar Roll Number: \_\_\_\_\_ Commission expires: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

Notary or Bar Roll Number: \_\_\_\_\_ Commission expires: \_\_\_\_\_