



Iberia Parish Clerk of Court

P.O. Drawer 12010 New Iberia, LA 70562

REQUEST FOR CERTIFICATE OF NON-MORTGAGE FOR NON-LIEN

CERTIFICATE(S) REQUEST – *select one or more*

Date Requested: _____

Date Completed: _____

Real Estate Certificate

General Real Estate Certificate

Judgement

Tax Lien & Judgement

Tax Lien

Non-Lien Certificate

FEES: R.S. 13:844 (A) (5) (F)

NOTE: Real Estate, Tax Lien & Judgement Certificates will be run for a period of **10 years**.

Fees For (1) Real Estate, Tax Lien & Judgement

\$20.00 For 1st name
\$10.00 For each additional name
\$1.00 Per year, after 10 years
(For one definable property only)

Fees for (2) Non-Lien, 1 year

\$20.00 For 1st name
\$10.00 For each additional name

Please prepare a Mortgage Certificate in the following names:

Affecting the following described property, to-wit:

(NOTE: Include the acquisition clause)

CONTRACT RECORDED AT:

Mortgage Book A- _____ , Folio _____ , Entry # _____

Contract Dated: _____ Contract Recorded: _____

Description of job: _____

Acceptance by: _____

Mortgage Book A- _____ , Folio _____ , Entry # _____

Acceptance Dated: _____ Acceptance Recorded: _____



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APPROVAL

- (1) The undersigned herein have requested under this form, from the Clerk of Court and/or his duly designated deputy clerk in and for the Parish of Iberia, in writing a Certificate of Non-Mortgage in the exact names hereinabove set forth and not in any variations of said names. Where no middle initials have been furnished, identical names with middle initials have not been run and will not be unless specifically requested. I fully understand that said certificate will be run exclusively in the exact name and/or names as hereinabove set forth and not in any variations of said name and/or initials unless specifically set out above in my request. (2) This certificate will not cover any State, Parish or Municipal taxes still outstanding on said property.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Address: _____

City/State: _____ Zip: _____

Amount: _____ Payment Option: Cash Charge Charge Account Name: _____

Ordered By: _____