



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
01/15/2026 09:18:33 AM
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Allen S. Bayl

**REQUEST FOR CANCELLATION OF MORTGAGE OR PRIVILEGE
 AND RELEASE BY LICENSED FINANCIAL INSTITUTION
 PURSUANT TO R.S. 9:5172**

STATE OF : ALABAMA

COUNTY/PARISH OF : SHELBY COUNTY

BE IT KNOWN THAT on this 7 day of January, 2026, **Assurance Financial Group, LLC** (name of financial institution) herein represented by its undersigned duly authorized officer or officers, declares that it is a licensed financial institution as defined in R.S. 9:5172 et seq. and that one of the following statements is true and correct:

- (1) The institution was the obligee or the authorized agent of the obligee of the obligation secured by the mortgage or privilege described below when the obligation was extinguished, and the secured obligation has been paid or otherwise satisfied or extinguished; or
- (2) The institution is the obligee or authorized agent of the obligee of the secured obligation, and it releases the mortgage or privilege described below.

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, including the notice of re inscription, described as follows:

A mortgage or privilege granted by: AMY DISKO, UNMARRIED WOMAN

In favor of: **Assurance Financial Group, LLC**
 Date of Instrument: JULY 30, 2025.
 Parish of Recordation: SHELBY COUNTY
 Recording Data: Filed 07/30/2025, in SHELBY COUNTY.
 Mortgage recorded:
 MAP BOOK: 8 PAGE: 126

Legal description of released property is as follows, to-wit:

See "Exhibit A" attached hereto and made apart hereof as though written in extensio.

The recorder of mortgages shall not be liable for any damages resulting to any person or entity as a consequence of canceling a mortgage or vendor's privilege pursuant to this form.

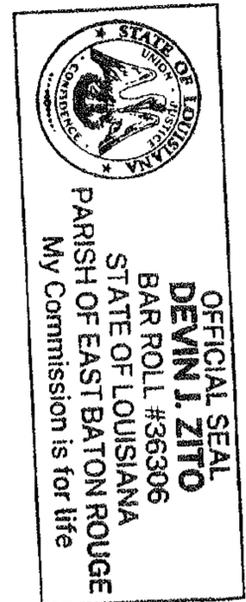
Officer's Signature: [Signature]
 Printed Name: Scott Alexander Title: Chief Operating Officer
 Financial Institution: Assurance Financial Group
 Mailing Address: 9029 Jefferson Hwy Ste.100
 City: Baton Rouge State: LA ZIP: 70809

THUS DONE AND SIGNED before me, Notary Public, on the date set forth above.
 Notary Signature: [Signature]
 Printed Name of Notary: _____
 State of Appointment: Louisiana
 Notary or Bar No.: _____ Commission expires: At Death

THUS DONE AND SIGNED by the two undersigned authorized officers of the above named financial institution.

Officer's Signature: [Signature]
 Printed Name: KAYLAN VEGA Title: POST CLOSING COORDINATOR
 Financial Institution: ASSURANCE FINANCIAL
 Mailing Address: 9029 JEFFERSON HWY STE.100
 City: BATON ROUGE State: LA ZIP: 70809

Officer's Signature: [Signature]
 Printed Name: ENGLISH GIBBENS Title: SERVICING COORDINATOR
 Financial Institution: ASSURANCE FINANCIAL
 Mailing Address: 9029 JEFFERSON HWY STE.100
 City: BATON ROUGE State: LA ZIP: 70809



Prepared by:
 Kaylan Vega
 9029 Jefferson Hwy Ste 201
 Baton Rouge, LA 70809