




Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

June 11, 2014

To: Milwaukee Common Council
City Hall, Room 205

From:  James F. Klajbor
Deputy City Treasurer

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 244-0832-000-X
Address: 4122 N 16TH ST
Owner Name: HARRISON D KERN
Applicant/Requester: HARRISON D KERN
2014-1 Inrem File
Parcel: 51
Case: 14CV-001278

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 6/2/2014.

JFK/em



Office of the City Treasurer - Milwaukee, Wisconsin
Administration Division
Cash Deposit of Delinquent Tax Collection

| <u>Cashier Category</u> | <u>Cashier Payclass</u> | <u>Dollar Amount</u> |
|-------------------------|---------------------------|----------------------|
| 1910 | Delinquent Tax Collection | |
| | 1911 City Treasurer Costs | 220.00 |
| | 1912 DCD Costs | 450.00 |
| | 1913 City Clerk Costs | 200.00 |
| | 1914 City Attorney Costs | 500.00 |
| | Grand Total | 1,370.00 |

Date 6/11/2014

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2014 - 1
Taxkey Number: 244-0832-000 - X
Property Address: 4122 4122 N 16TH ST
Owner Name HARRISON D KERN

Applicant:

Parcel No. 51
CaseNumber: 14CV-001278

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, and d.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 4122 N 16th St
TAXKEY NUMBER 244-0832-X
NAME OF APPLICANT Harrison D. Kern
MAILING ADDRESS 8940 N 96th St
Milwaukee WI 53224 414-355-0564
CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES X NO _____
If no, describe interest in this property _____

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).
8943-8955^N Michelle St
8940 N. 96th St., Milwaukee, WI.

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE?
(Documentation must be attached)
YES X NO _____

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. **Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.**

APPLICANT'S SIGNATURE Harrison D. Kern DATE 6-10-2014