




Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

September 8, 2015

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.: 270-1429-000-7
Address: 3757 N 21ST ST
Owner Name: BOBBIE LEE KIDD
Applicant/Requester: RENEE HUGHES FOR BOBBIE KIDD
2015-1 Inrem File
Parcel: 80
Case: 15CV-1661

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

The City of Milwaukee acquired this property on 6/8/2015.

JFK/em





OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 288-2280 • FAX: (414) 288-3188 • TDD: (414) 288-2025

FORMER OWNER'S REQUEST TO VACATE IN REM TAX FORECLOSURE JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with a black ball point pen.
2. Use separate form for each property.
3. Refer to 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 tax foreclosure judgment to the date of receipt of the request by the City Clerk.
4. Administrative costs totaling \$1,370 must be paid by Cashier's Check or cash to the Office of the City Treasurer prior to acceptance of this application.
5. Complete boxes a, b, c, and d and sign and date application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 3757 N 21st St

TAX KEY NUMBER: 270-1429-7

NAME OF APPLICANT: Denee Hughes for Bobbie Kidd

MAILING ADDRESS: N92W17072 Forest Dr

| | | | |
|------------------------|-----------|--------------|--------------------|
| <u>Menomonee Falls</u> | <u>WI</u> | <u>53051</u> | <u>262-8539457</u> |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER |

B. WAS THE PROPERTY LISTED IN "A" ABOVE YOUR PRIMARY RESIDENCE? YES NO

IS THE PROPERTY LISTED IN "A" ABOVE CURRENTLY OCCUPIED? YES NO

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH YOU HAVE AN OWNERSHIP INTEREST (If not applicable, write NONE.):

3821 N 22nd St

| | |
|---------|----------|
| ADDRESS | ZIP CODE |
| | |
| ADDRESS | ZIP CODE |
| | |
| ADDRESS | ZIP CODE |
| | |

(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 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 the City harmless from and against any cost or expense, which may be asserted against the 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. There are no refunds.

APPLICANT'S SIGNATURE: Denee Hughes for Bobbie Kidd DATE: 9/4/15
POA

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 9/4/2015

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2015 - 1
Taxkey Number: 270-1429-000-7
Property Address: 3757 3757 N 21ST ST
Owner Name BOBBIE LEE KIDD

Applicant: RENEE HUGHES FOR BOBBIE KIDD

Parcel No. 80

CaseNumber: 15CV-1661

**WISCONSIN STATUTORY
POWER OF ATTORNEY FOR
FINANCES AND PROPERTY
IMPORTANT INFORMATION**

This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes.

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the special instructions. Co-agents are not required to act together unless you include that requirement in the special instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a 2nd successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the special instructions. This Power of Attorney does not revoke any Power of Attorney executed previously unless you so provide in the special instructions.

If you revoke this Power of Attorney, you should notify your agent and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or legally separated or the domestic partnership is terminated after signing this document, the document is invalid.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

Recording Area ↑

Name and Return Address

Parcel Identification Number (if any)

DESIGNATION OF AGENT

I, Bobbie Kidd (name of principal), name the following person as my agent:

Name of agent: Renee Hughes

Agent's address: 192 W 17072 Forest Drive

Agent's telephone number: 262-853-9457

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

| | |
|-----|------------------------------------------------------------------|
| BEK | Real property |
| BEK | Tangible personal property |
| BEK | Stocks and bonds |
| BEK | Commodities and options |
| BEK | Banks and other financial institutions |
| BEK | Operation of entity or business |
| BEK | Insurance and annuities |
| BEK | Estates, trusts, and other beneficial interests |
| BEK | Claims and litigation |
| BEK | Personal and family maintenance |
| BEK | Benefits from governmental programs or civil or military service |
| BEK | Retirement plans |
| BEK | Taxes |

LIMITATION ON AGENT'S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature Bobbie L Kidd Date 7/13/15

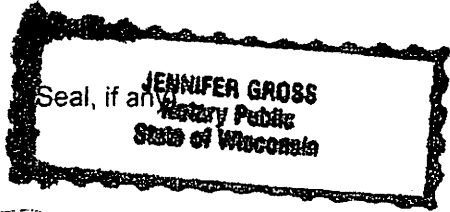
Your name printed 8425 N 107th St Milwaukee WI 53224 #107

Your address: Bobbie L Kidd

Your telephone number: 262 853 9457

State of: Wisconsin County of: Washington

This document was acknowledged before me on
Date 7-13-15 by name of principal Bobbie L Kidd



Signature of notary [Signature]

Name of notary (typed or printed) Jennifer Gross

My commission expires: 5-15-17

This document prepared by: _____

**IMPORTANT INFORMATION FOR AGENT
AGENT'S DUTIES**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
- (2) Act in good faith.
- (3) Do nothing beyond the authority granted in this Power of Attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

PAUL HUGHES (principal's name) by [Signature] (your signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
- (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

- (1) Death of the principal
- (2) The principal's revocation of the Power of Attorney or your authority.
- (3) The occurrence of a termination event stated in the Power of Attorney.
- (4) The purpose of the Power of Attorney is fully accomplished
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.
- (6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.


LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

OPTIONAL SIGNATURE OF AGENT

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney

Agent's signature  Date 7/13/15

Attached:

- (1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).
- (2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).

The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT'S AUTHORITY

State of: Wisconsin

County of: Milwaukee

I, Renee Hughes (name of agent), certify under penalty of perjury that Bobbie Kidd (name of principal) granted me authority as an agent or successor agent in a power of attorney dated 7/13/15

I further certify that to my knowledge:

- (1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.
- (4) _____
(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's signature Renee Hughes Date 7/13/15

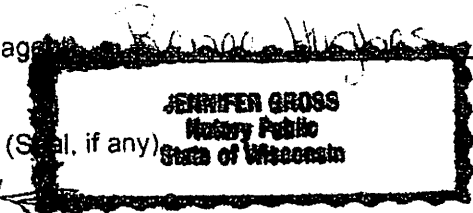
Agent's name printed RENEE HUGHES

Agent's address: N92W17072 Forest Dr Menomonie Falls WI 53051

Agent's telephone number: 262 853 9457

State of: Wisconsin County of: Washington

This document was acknowledged before me on Date 7-13-15 by (name of agent) Renee Hughes



Signature of notary Jennifer Gross

Name of notary (typed or printed) Jennifer Gross

My commission expires: 5-15-17

This document prepared by: _____