AUG 032018

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Cerestification of Service E

Grace C. Johnson certifies that this information For Claim was delivered to City Hall, City Clerk, Room 205, 200 & Wells St., Milwanker, WI 53202. (Upages total)

Date; 8/2/18

Sign: Grace Volum 555 5. Layfon Blvd 409 Milwankee, W 53215 414-507-2801

Date: 8/2/18

RECEIVED
OFFICE OF CITY ATTORNEY

AUG 0 3 2018

:50A.M.P.M

To: City Clerk ATTN: CLAIMS 200 E. Wells St., Room 205 Milwaukee, WI 53202

From: Grace C. Johnson 555 S. Layton Blvd #109 Milwaukee, W1 53215

Subject: Claim Filing For Return of Vehicle Used as evidence by agency, city of Milwaulce, Milwaulce Police Department.

(Case No.: 17CF 4491)

(Incident No.: 1724 10153)

(District/Division 4)

(Tow No.: 1671774)

Date: 8/2/2018
Signature: Milleshuson
555 S. Layton Blvd #109
Milwaukee, W1 53215
419-507-2801



OFFICE OF THE DISTRICT ATTORNEY Milwaukee County

JOHN T. CHISHOLM · District Attorney

Chief Deputy Kent L. Lovern, Deputies James J. Martin, Lovell Johnson, Jr., Jeffrey J. Altenburg, Karen A. Loebel, Elisabeth Mueller, Matthew J. Torbenson

May 08, 2018

Grace C Johnson 5472 N Hopkins St Milwaukee WI 53209

State of Wisconsin v. Xzevyance Lamanuel Pope RE:

Case No. 2017CF004491

Dear Ms. Johnson:

This letter is to inform you of the disposition of the above-mentioned On April 12, 2018, the court found the defendant guilty and sentenced the defendant to the following:

AS TO COUNT 1: The Court sentenced defendant to serve a term of IMPRISONMENT in the Wisconsin State Prisons for 4 YEARS. INITIAL CONFINEMENT of 2 YEARS and EXTENDED SUPERVISION of 2 YEARS, consecutive to 16CF277. CONDITIONS OF EXTENDED SUPERVISION: -Defendant is not eligible for the Challenge Incarceration Program and is not eligible for the Wisconsin Substance Abuse Program. -Defendant to pay Court costs and all applicable assessments to be collected by DOC, at a rate the department determines is reasonable, from defendant's funds held in the defendant's inmate account and during term of extended supervision; nonpayment penalty shall be a civil judgment -Defendant is to provide a DNA sample. Court waived payment of the DNA sample as defendant is paying for DNA sample on 17CF5698 -No new law violations rising to the level of probable cause -Cooperate with any correctional programs recommended -Follow all rules of extended supervision -Pay all supervision fees -Obtain/maintain employment -Obtain GED or HSED -AODA assessment and any recommended treatment -Random urine screens -No alcohol or illegal drugs -No prescription medications without a valid prescription -No operation of a motor vehicle without a valid drivers license -1 year drivers license revocation AS

TO COUNT 2: The Court sentenced defendant to serve a term of IMPRISONMENT in the Wisconsin State Prisons for 5 YEARS. INITIAL CONFINEMENT of 2 YEARS and EXTENDED SUPERVISION of 3 YEARS, concurrent with COUNT 1 CONDITIONS OF EXTENDED SUPERVISION: -Defendant is not eligible for the Challenge Incarceration Program and is not eligible for the Wisconsin Substance Abuse Program. -Defendant to pay Court costs and all applicable assessments to be collected by DOC, at a rate the department determines is reasonable, from defendant's funds held in the

Gale G. Shelton Steven H. Glamm John M. Stoiber Thomas L. Potter Rayann Chandler Szychlinski Carole Manchester Brad Vorpah Paul Tiffin Dennis P. Murphy Bruce J. Landgra Denis J. Stingl Patricia A. McGowan Irene E. Parthum Ronald S. Dague Karine O'Byrne Kurt B. Benkley James C. Griffin William P. Pipp Laura A. Crivello Shawn Pompe Kevin R. Shomin Beth D. Zirgibel Karen A. Vespalec Paul C. Dedinsky David T. Malone Kelly L. Hedge Rachael Stencel Kathryn K. Sarner Joy Hammond Grant I. Huebner Stephan Eduard Nolten Claire Starling Rehecca A. Kiefe Katryna L. Childs Anthony White Nicole D. Loeb Erin Karshen Lucy Kronforst Michael J. Lonski Paul M. Hauer Sara Beth Hill Jenni Spies Karas Renee Hohensee Karl P. Hayes Holly L. Bunch Megan M. Newport Sarah Sweeney Kimberly D. Schoepp Dax C. Odom Jennifer L. Williams Patricia I. Daugherty Marissa Luz Burtch Meghan C. Lindberg Ann M. Lopez Randy Sitzberger Nicolas J. Heitman Chad Wozniak Kristin M. Schrank Francesco G. Mineo Hanna R. Kolberg Joshua M. Mathy Nicole J. Sheldon Antonella Aleman Jesica A. Ballenger Matthew R. Westphal Catelin A. Ringersma Sara Volden Schroeder Abbey M. DeSiato Molly M. Schmidt lay R. Pucel Danielle E. Chojnacki Benjamin T. Lindsay Michael Schindhelm Brittany C. Grayson Nathaniel E. Adamson Sarah J.S. Waldschmidt Ryan T. Sanson Jeremy R. Arn Brandon A. Wigley Sarra M. Kiaie Zachary A. Wittchow William T. Berens Patrick J. Anderson Alex Muelle Owen Piotrowski Owen Plotrowski
Alyssa Schaller
Brittany S. Kachingwe
Elizabeth A. Longo
Katherine M. Halopka-Ivery
Benjamin Verhulst
Porchia S. Lewand
Kelly J. O'Neill
Katherine Ann Seelow itephanie M. Chiarelli Jennifer L. Pickett Taylor L. Kraus Jessica Bellows Ian F. Vance-Curzan Daniel G. Murphy Joshua A. Dryak Angela D. Cunningham Jennifer Lindeke Tate Charles D. Kreger Edward F. O'Brien John Flynn Christine M. Quinn William G. Davidson Gilbert F. Urfer Michael D. Phillips Kathryn Ginsberg

Alicia H. Kort

Patrick W. O'Keefe Kristyn R. Kuzniai defendant's inmate account and during term of extended supervision; nonpayment penalty shall be a civil judgment -Defendant is to provide a DNA sample. Court waived payment of the DNA sample as defendant is paying for DNA sample on 17CF5698 -No new law violations rising to the level of probable cause -Cooperate with any correctional programs violations rising to the level of probable cause -Cooperate with any correctional programs recommended -Follow all rules of extended supervision -Pay all supervision fees -Obtain/maintain employment -Obtain GED or HSED -AODA assessment and any recommended treatment -Random urine screens -No alcohol or illegal drugs -No prescription medications without a valid prescription

AS TO COUNT 3: The Court sentenced defendant to serve a term of IMPRISONMENT in the Wisconsin State Prisons for 5 YEARS. INITIAL CONFINEMENT of 2 YEARS and EXTENDED SUPERVISION of 3 YEARS, concurrent with COUNT 2 and EXTENDED SUPERVISION: -Defendant is not eligible for the CONDITIONS OF EXTENDED SUPERVISION: -Defendant is not eligible for the Challenge Incarceration Program and is not eligible for the Wisconsin Substance Abuse Program. -Defendant to pay Court costs and all applicable assessments to be collected by Program. -Defendant determines is reasonable, from defendant's funds held in DOC, at a rate the department determines is reasonable, from defendant's funds held in the defendant's inmate account and during term of extended supervision; nonpayment penalty shall be a civil judgment -Defendant is to provide a DNA sample.

Enclosed is information about the Department of Correction's Victim Information and VOICE Notification Program, which explains your right to be notified of the defendant's placement/release from prison. If you would like to be kept informed of the offender's status, please call the Office of Victim Services & Programs at 1-800-947-5777.

Please feel free to contact me at (414)278-4671 if I can be of further assistance.

Sincerely,

Cha Vang Xiong, Advocate Victim/Witness Services Uch Wisetonson

935-7360
MILWAUKEE COUNTY

STATE OF WISCONSIN

| TATE OF WISCONSILV | |
|--|--|
| PETITION FOR RETUR | |
| Pursuant to §968.20, Wisconsin Statutes, I hereby petition agency or entity listed below to return the property which | the Circuit Court of Milwaukee County to direct the was taken and is being held by that agency or entity. Number: (If Not Prosecuted, Write "No Process") |
| Agency/Entity Holding Property: | |
| Grace C. Johnson | Inventory Number: Phone: 414-507-2801 MWawkley W1 53205 |
| 1220 W. VILLET OF | 53705 |
| City/State/Zip: MWaller) VI | Date Property Taken: August 2017 |
| Date of Birth: 12 17 17 17 17 17 17 17 17 17 17 17 17 17 | Focus and an personal man |
| · CD · · · outs! | cation Cards; personal papers |
| belongings to lalen | (theft) (ictim of) |
| Why was Property Taken? \$\frac{1}{2} \tag{2} | |
| - Augmani Anack | Mov |
| Signature of Petitioner or Attorney: | 49 |
| If Attorney, Print Name, Address & Phone: | |
| possessing of attempting to possessing attempting attempt | swers |
| answer the following questions. CIRCLE 1. I AM the lawful owner of the firearm and can properly a convicted felon. TRUE or FALSE | wide proof of ownership. YES or NO |
| I am NOT a convicted of a crime of dom I have NEVER been convicted of a crime of dom I am NOT an unlawful user of controlled substan I am NOT an unlawful user of a juvenile offen | ces. TRUE or FALSE se that would be a felony if committed by an adult. TRUE |
| or FALSE 6. I do NOT have a civil injunction that prohibits m | sin Mental Health Act and have NOT been found guilty of |
| 7. I am NOT subject to a court order under wiscon crime by reason of mental disease or defect. TR | UE or FALSE erson or allow the firearm to be used for any unlawful |
| purpose. IRUE of 1722 | |
| Signature of Petitioner: | Date: |
| Signature of 1 officers | |

From:CITY OF MILWAUKEE TOW LOT 414 286 5093 11/00 17 13:26 #007 P.001/001 3811 W LINCOLN AVE MILWAUKEE WI 53215 Telephone (414) 286-2700 FAX # (414 286-5093 FAX COVER SHI To: **GRACE JOHNSON** Fax: 414-220-7062 11/3/17 From: Linda Greene, City of Milwaukee Date: DPW Tow Lot 414-286-8206 Re: TOW # 1671774 Pages: CC: ☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Recycle ☑ Please Reply have not This fax is being sent for Grace Johnson per her request. been contacte Please have Ms. Johnson call the City of Milwaukee Tow Lot at 414-286-2700 and have her ask for Linda. I will be here until 6 pm today.

CRIME VICTIM RESOURCES

CONTACT INFORMATION

Arrest, custody, or release information:

Adult Offenders

If an ADULT has been arrested in this case you may contact the Milwaukee County Criminal Justice Facility, 949 N. 9th Street, Milwaukee, WI 53253, Inmate Information (414) 226-7070, or on the internet at:

http://www.inmatesearch.mkesheriff.org to determine if that ADULT is in custody.

Juvenile Offenders

If a JUVENILE is arrested, contact: Vel Phillips Juvenile Justice Center, Juvenile Detention, 10201 W. Watertown Plank Road, Wauwatosa, WI 53226. (414) 257-7715 To determine if JUVENILE is in custody. Please allow time for transport. If the JUVENILE is held and the case is prosecuted you will appropriated by the Victim Witness Unit www.siahts.

the prosecutior of the case.

Adult Offenders

If an ADULT is arrested and the case is referred to the District Attorney's Office for prosecution you will be contacted by the Victim Witness Unit regarding your rights. You may contact the District Attorney's Office at: Milwaukee County District Attorney's Office, 821 W. State Street Room 615, Milwaukee, WI 53233, Victim Witness Services (414)

Juvenile Offenders

If a JUVENILE is arrested, but not taken to the Dentention Center, the police will be forwarding the reports to the Juvenile Intake Unit. Please note that these reports will be forwarded within two weeks. If you wish to exercise your rights to communicate with the Intake Worker please contact: Vel Phillips Juvenile Justice Center, 10201 W. Watertown Plank Road, Wauwatosa, WI 53226, (414) 257-7719.

Contact Officer: 10.6 aunum/0.0. LINGERT/Det BERGEMANN

Incident Number: 172410153 Incident Date: 8/29/17

District/Division: Shift Hours: Mo-12a

Phone Number: 414-935 - 7242

414 - 935-3645 Detective's # The Contact Officer is your primary source for general information regarding the investigation as well as arrests and the status of property in police custody.

5) VAR (10 19) 44-975-3615 Somozeski

Wisconsin law provides victims of crime with specific rights.

The Wisconsin Constitution (Article I. Section 9m) and Wis. Stat. § 950 give special rights to victims of crime. Some rights are automatic while others must be requested. The rights are listed on the reverse side of this form.

Please note that it is not always clear to whom victims' rights apply at different stages of a case. Use the information on this form to discuss and clarify your rights with the agencies you are in contact with about the case and to make your interests known.

- The Wisconsin Department of Susan with information about victims' rights as well as victim services in your area. Call 1-800-446-6564 or access a directory online www.doj.state.wi.us/ocvs.
- If you are threatened or intimidated by anyone because of your cooperation with law enforcement and prosecution in connection with this crime, you should report that to the Milwaukee Police Department at (414) 933-4444. If you feel you are in immediate danger, call 9-1-1.
- It is very important that you keep agencies informed of any changes to your
- You may be eligible to receive reimbursement for certain expenses related to the crime. It may be helpful to you to keep records of the crime-related expenses such as lost wages, repairs or medical bills because you may be required to provide this information to support your claim. Restitution may be ordered if someone is convicted of the crime against you, or you may be eligible for crime victim compensation even if no one is arrested or convicted. For more information contact the Wisconsin Department of Justice at 1-800-446-6564 or www.doj.state.wi.us/ocvs.
- WI-VINE services allow you to register for notification about changes in custody status for offenders who are in a county jail. Find more information at



Ford Certified Pre-Owned Limited Warranty coverage is provided by Ford Motor Company on eligible pre-owned vehicles under the Ford Certified Pre-Owned Program. Ford Motor Company will provide for repair or replacement of covered components on the vehicle during

the warranty period in accordance with the following terms, conditions and limitations. Warranty coverage.

New-Vehicle Limited Warranty coverage: First, if still in effect, coverage is provided for the remainder of the Ford New-Vehicle Bumper-to-Bumper Limited Warranty. (See the New-Vehicle Limited Warranty owner's guide for details.) Second, Ford Certified Pre-Owned Comprehensive Limited Warranty coverage is provided for 12 months or 12,000 miles (whichever comes first) from the expiration of the Ford New-Vehicle Bumper-to-Bumper Limited Warranty or the date of your Certified Pre-Owned vehicle purchase, whichever comes later.

Note: The coverage provided by the Ford Certified Pre-Owned Comprehensive Limited Warranty is not as extensive as that provided under the New-Vehicle Limited Warranty.

Powertrain Limited Warranty coverage: Powertrain Limited Warranty coverage is provided by the Ford Certified Pre-Owned Powertrain Limited Warranty for 7 years or 100,000 miles (whichever comes first) from the original Ford New-Vehicle Limited

- 2. Repairs covered under the Ford Certified Pre-Owned Limited Warranty. Your dealer will repair, replace or service all covered components, specified on the reverse, that are found to be defective in factory-supplied materials or workmanship during the applicable warranty periods. **What is not covered** under the Ford Certified Pre-Owned Comprehensive Limited Warranty and Powertrain Limited Warranty is specified on the reverse.
- 3. **Deductible.** Repairs completed under any remaining Ford New-Vehicle Limited Warranty coverage (if applicable) have a \$0 standard deductible per repair visit. Repairs completed under Ford Certified Pre-Owned Comprehensive Limited Warranty and Powertrain Limited Warranty coverage have a \$100 standard deductible per repair visit.
- Component protection. Components covered by the Ford Certified Pre-Owned Comprehensive Limited Warranty are shown on the reverse side and Powertrain Limited Warranty component coverage is shown on the reverse side in bold.
- Where to go for covered repairs. To obtain repairs or service, Ford requires that you return to your Ford Dealership or any participating Ford or Lincoln Dealership in the continental United States, Alaska, Hawaii, Canada and Mexico, except in an emergency (if your covered vehicle is inoperable and all participating Ford and Lincoln Dealership service departments are closed). If you require assistance in receiving covered repairs or locating the nearest Ford or Lincoln Dealership, Ford owners may contact the Ford Customer Assistance Center at 800/392-FORD. If your vehicle needs an emergency service or repair, the vehicle is inoperable and all Ford or Lincoln Dealerships within a 25-mile radius are closed, you may obtain repairs or service from any Ford or Lincoln Dealership or any other repair or service facility in the continental United States, Alaska, Hawaii, Canada or Mexico.
- 6. Repairs. All warranty repairs of covered components MUST be made with new or remanufactured parts authorized by Ford Motor Company. In some cases, the use of Ford Authorized Remanufactured products is required after the expiration of the New-Vehicle Limited Warranty.
- Care of vehicle. Your vehicle must be properly operated and maintained in accordance with the maintenance schedule in the service guide, which is part of the owner's guide, for the vehicle. Proof of maintenance may be required in the event a question arises as to whether a malfunction is caused by a defect in factory-supplied materials or workmanship or lack of proper maintenance.

It is your responsibility to make sure that all of the scheduled maintenance is performed and that the materials used meet Ford engineering specifications. Failure to perform scheduled maintenance as specified in the service guide will invalidate warranty coverage on parts affected by the lack of maintenance. Make sure that receipts for completed maintenance work are retained with the vehicle and confirmation of maintenance work is always entered in your scheduled maintenance guide.

- 8. 24-Hour Roadside Assistance. Services are provided by either Cross Country Motor Club, Inc., Cross Country Motor Club of California, Inc. or Coach-Net Services Group, Inc. For E and F-350 vehicle series, services will be provided by National Motor Club-RV, Inc., National Motor Club-Group Services, Inc. or National Motor Club of California, Inc. Services include:
 - Flat tire change
 - Battery jump starts
 - Towing assistance up to \$100
 - Lockout assistance
 - Out-of-fuel assistance
- Travel expense reimbursement up to \$500 for up to three days' lodging, meals and rental vehicle for travel expenses accrued when the breakdown occurs 100 miles or more from home
- Destination assistance covers taxi, shuttle or rental car expense up to \$75 for emergency transportation to the immediate destination
- 9. Rental car reimbursement. If your vehicle is inoperative and must be kept overnight for a covered repair, including recalls involving a Ford Certified Pre-Owned Comprehensive Limited Warranty covered component or a Ford Certified Pre-Owned Powertrain Limited Warranty covered component, you will be reimbursed up to \$30 per day (including tax) for up to five days or until repair is complete, whichever comes first.
- 10. Transferability. This warranty is transferable. If you sell your pre-owned vehicle, the remaining Ford Certified Pre-Owned Comprehensive Limited Warranty coverage and the remaining Ford Certified Pre-Owned Powertrain Limited Warranty remain in effect for the new owner.
- 11. Warranty information. You may contact Ford Motor Company about this warranty at: Ford Motor Company, P.O. Box 6045, Dearborn, MI 48121.

THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, YOU MAY ALSO HAVE OTHER RIGHTS WHICH MAY VARY FROM STATE TO STATE. TO THE EXTENT ALLOWED BY LAW, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE APPLICABLE TO THIS VEHICLE IS LIMITED IN DURATION TO THE TERM OF THIS WRITTEN WARRANTY, FORD MOTOR COMPANY AND YOUR DEALERSHIP SHALL NOT BE LIABLE FOR LOSS OF TIME, INCONVENIENCE, COMMERCIAL LOSS OR FOR ANY OTHER INCIDENTAL OR CONSEQUENTIAL DAMAGES, SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY WILL LAST OR THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATIONS OR EXCLUSIONS MAY NOT APPLY TO YOU. FORD CERTIFIED PRE-OWNED COMPREHENSIVE LIMITED WARRANTY COVERAGE AND THE POWERTRAIN LIMITED WARRANTY, IF APPLICABLE, ARE IN ADDITION TO ANY REMAINING NEW-VEHICLE BUMPER-TO-BUMPER LIMITED WARRANTY COVERAGE. FORD MOTOR COMPANY DOES NOT AUTHORIZE ANY PERSON TO CREATE FOR IT ANY OBLIGATION OR LIABILITY IN CONNECTION WITH THIS LIMITED WARRANTY. VALID ONLY IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII AND CANADA.

| This Limited Warranty statement is valid for: | |
|--|----------------------------|
| | Flord) |
| DELIVERY DATE: MILEAGE AT TIME OF DELIVERY: FORD | CERTIFIED |
| OWNERNAME: | E-OWNED |
| ADDRESS: ZIP: ZIP: STATE: ZIP: ZIP: STATE: ZIP: STATE: ZIP: STATE: ZIP: STATE: ZIP: STATE: ZIP: ZIP: STATE: ZIP: STATE: ZIP: STATE: ZIP: STATE: ZIP: STATE: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP | Backed by Motor Company |

WISCONSIN TITLE & LICENSE PLATE APPLICATION

5/2015 MV11-1 Processor ID No.

Received - Date - Opened

| 7 |
|---|

Title No. - New License Plate No.

Amount Received - Document No. Check Cash



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| DO NOT WRITE ABOVE THIS LINE. Complete form using BLU Section A – Vehicle Owner Information Application | JE or BLACK INK. ion Type (check one). Titl | le Transfer Original Titl | e Title Only Signature | Salvage Title Check if also IRF |
| Owner Legal Name (Last, First, Middle Initial OR Business Name) | A CONTRACTOR OF THE STATE OF TH | | Billi Date | |
| | | | 1.2 | 12 1962 |
| IOHNSON, GRACE | nse Number – Required | | FEIN Num | ber (if company owned) - Required |
| Owner Social Security Number - Required | nse Number – Requires | | OR | |
| OR 3 5 2 | 5 3036 | 2 9 5 2 0 | V _A | |
| (form) (fort Siret Middle Initial) Birth Date | | Co-Owner Social Sec | curity # or Driver Licens | e # or FEIN Number - Required |
| Co-Owner Name (if any) (Last, First, Middle Initial) Birth Date (check one) OR AND | | | | |
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| Section B – Vehicle Information | | T | porary License Plate N | umber Plate Type |
| Vehicle Identification Number (standard VIN has 17 characters) | WI License Plat | te to Transfer | porary License Flate II | |
| Verificial Identification | | | | |
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| C | | 07/22/2016 | Villago, Town | |
| Check box if plates transferred between spouses/domestic | ehicle is kept in County | (check one) | Village Town ☐ ☐ OF: ы | ITI UAUKEE |
| Check box if plates darishered between other partners. Licensee plates <u>cannot</u> be transferred between other family members. | OF: MTI LIALINEE | (Check one) | | The second secon |
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| may result in lines allufor imprisorment | The oden | noter reading reflects the an | nount | |
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| is the actual mileage of this vehicle unless one | The state of the s | neter reading is NOT actual r G ODOMETER DISCREPAN | CY-manufacture of the second s | AND THE PROPERTY OF THE PROPER |
| of the statements (to the right) is checked. | | Linemond Dealer's | Statement of Sal | e and Warranty |
| Section E – Vehicle Transaction a. Cash price (vehicle described in Section B) | | For value received I hereby sell, a named in Section A and I certify t | issign or trade the vehicle of hat all liens shown on the C | ertificate of Title are paid. |
| MA DALING. It is a crime to linderstate the purchase price | | Dealer Name | | (Area Code) Total |
| b. Less trade-in allowance | \$-\\/A | Required Title Brand 1 (see | Instructions back of page | 3) Dealer Number |
| t - biget to tay (a minus h) | \$ 12798.00 | " [] T- : [] [loo | Damage MFR Buyb | ack Hall Damageo A |
| | 716.69 | Wisconsin Dealer signature also | serves as evidence of applic | cation for title/registration and payment of |
| Local Sales Tax (5% of line 3), Local Sales Tax if applicable (see Local Sales Tax chart) Fee Computation | | Competence and a second and a second | amenical franciscopies () (| TIAMBILLA |
| Title Fee \$69.50 (Replacement \$20) | \$-69.50 | (Print Name of Selling Deale | r's Authorized Agent) | / 27/20/2013 |
| Loan Filing Fee \$10 | N/A | (Selling Dealer's Authorized | Agent Signature) | (Date) |
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| Wheel Tax (see instructions). Motor Carrier Class Fee (see Section H). | \$ | furnished the applicant. | | f applicable federal and state motor carri |
| | | cofoby rules remulations standa | ilas and olders, and decidi | e that all operations will be conducted in |
| Counter Service Fee \$5 (If you apply in person at WisbOT). | \$ 10.50 | compliance with such requirem | AM/A-M | 17/22/2014 |
| Processing Fee (see instructions) | \$ 19.50 | (Owner Signature shown in | Section A) | (Date) |
| | | Y | | |
| Tax Statement Date Vehicle Purchased Date D | elivered (mm/dd/yyyy) | (Co-Owner Signature) | | (Date) |
| □ New □ Used □ 07 | dentification Number | | | and the second of the second o |
| Parasiba Year U// Make VIO Vehicle Id | TOTAL | | | th form ST-12 to WI Dept, of Revenu |

WI Dealers: Remit state, county & local tax with form ST-42 to WI Dept. of revenue

Make Check Payable To: REGISTRATION FEE TRUST and mail entire application & chec

SPECIAL PLATES

Wisconsin Dept. of Transportation

| HALL BE PROHIBITED | FROM SELLING | HE VEHICLE | EISER FO | FER TO PURCHASE THAT WILL Y VOIDED AND YOU MAY RESI | | VEH. STO | 88050 | CKEON | 249/5 | 0//22 | -, |
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| name s | 1700 West Silver Spring Drive | | | | | | RSON'S NAME | 250-43 | | | |
| ATE, ZIP | Glendale, WI 53209 155492 414-228-5706 AL 71462 | | | | | | PRINT) RSON'S NUMBER | | | | |
| OHE HO. ECTIVE PUBCHASER | OMINGFUOY | ON | 717-660 | | | | | | | 710 | |
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| SIDENCE PHONE 4 | 414699 | 9694 | | MILWAUKI | | HILMAUKLI | | | PENET NO | | |
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| RRANTY & SE | RVICE CONT | RACT IN | and exclusions. D | ealer disclaims implied | | BASE I | MSRP (Manufacty | rer Suggest | ed Retail Price) | s | N/A |
| er to separate do rranties of merch | antability and | fitness fo | or a particular purp nip" is checked un | der Limited Extended | De | aler Markup | ptions — Has a | | Tat left | - | AL /A |
| rranty, this vehic | le is sold AS | IS and the | dealer assumes bout the vehicle. | no responsibility for any | TO. | ater installed o | ptions — Has a | warranty if | at ion. | | N/A |
| airs regardless of PORTANT: Ask f | or all promise | es in writin | ng. Spoken promis e. Terms agreed t | ses are difficult to o on the purchase | 4 | F | iou c | Ot. | Thus | | N/A |
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Over 75 Years of Customer Satisfaction

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AMOUNT 1,000.00

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PER JACKSON

TOTAL RECEIVED:

\$1,000.00

GRACE JOHNSON

2424 W WELLS ST # 212

MILWAUKEE

53233 WI

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CASHIER: 1KAW

LOCATION: CASH DRAWER:

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