




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.: 391-0248-100-7
Address: 1201 1207 W JUNEAU AV
Owner Name: KATHRYN RENEE HUTCHINS
Applicant/Requester: ANTON LAVENDER
2015-1 Inrem File
Parcel: 250
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) 288-2260 • FAX: (414) 286-3186 • TDD: (414) 288-2025

INTERESTED PARTY'S REQUEST TO VACATE AN 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, sign, and date the application, providing the required supporting documentation.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 1201-1207 W Juneau Ave

TAX KEY NUMBER: 391-0248-100-7

NAME OF FORMER OWNER: Kathryn Hutchins

NAME OF APPLICANT: Anton Lavender

MAILING ADDRESS: 1145 N 12th St

Milwaukee CITY WI STATE 53233 ZIP CODE (414) 777-0778 TELEPHONE NUMBER

B. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH THE FORMER OWNER HAS AN OWNERSHIP INTEREST (If not applicable, write NONE.):

ADDRESS _____	ZIP CODE _____
ADDRESS _____	ZIP CODE _____
ADDRESS _____	ZIP CODE _____
ADDRESS _____	ZIP CODE _____

(Use reverse side, if additional space is needed.)

C. HAS WRITTEN CONSENT BEEN GIVEN TO THE APPLICANT BY THE FORMER OWNER TO REQUEST VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

YES Attach documentation. Go to Section G.

NO You must complete Sections D, E, and F.

D. WHAT EFFORTS WERE UNDERTAKEN BY THE APPLICANT TO SECURE THE WRITTEN CONSENT OF THE FORMER OWNER TO APPLY FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

The former owner passed away in 2007. Antone Lavender lived with his Aunt and took care of her for several years. They have - Antone Lavender paid the real estate taxes since Kathryn Hutchins, passed away.

E. WHY WAS THE APPLICANT UNABLE TO SECURE THE REQUIRED WRITTEN CONSENT OF THE FORMER OWNER PRIOR TO APPLYING FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

The owner passed away in 2007 before it could be titled in Antone Lavenders name.

F. WHY IS IT IN THE BEST INTEREST OF THE CITY TO WAIVE THE REQUIREMENT THAT THE WRITTEN CONSENT OF THE FORMER OWNER BE ACQUIRED BY THE APPLICANT IN ORDER TO APPLY FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT? IN RESPONDING TO THIS QUESTION, PLEASE EXPLAIN YOUR PLANS FOR THE PROPERTY, INCLUDING YOUR PLANS FOR ITS MAINTENANCE, REUSE, OR DISPOSITION.

They would clean the property and remodel the property to be a home. Antones wife works for City of Milwaukee and this has been there home. They want to maintain and keep the property.

G. IS THE PROPERTY LISTED IN SECTION "A" CURRENTLY VACANT? YES NO

H. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached.)

YES NO

I. IS THE APPLICATION COMPLETE AND HAS THE REQUIRED SUPPORTING DOCUMENTATION BEEN PROVIDED?

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: Anton R Lavender DATE: 8-4-15

APPLICANT'S NAME: ANTON R LAVENDER

APPLICANT'S TITLE: Heir/owner

STATE OF WISCONSIN, MILWAUKEE COUNTY

DOC. # 10495680

RECORDED
09/02/2015 12:21PM

IN THE MATTER OF

**Transfer by Affidavit
(\$50,000 and under)**

JOHN LA FAVE
REGISTER OF DEEDS
Milwaukee County, WI
AMOUNT: \$30.00

Kathryn Renee Hutchins
Decedent

FEE EXEMPT #: 77.25(11)
0

***This document has been
electronically recorded and
returned to the submitter. **

Register of deeds recording area

Name and return address

*Antone Lavender
1145 N. 12th St.
Milwaukee WI 53233*

Note: Use black ink only.

391-0248-100

parcel identification number

UNDER OATH, I STATE THAT:

- The decedent, with date of birth March 3, 1910 and date of death June 13, 2009 was domiciled in Milwaukee County, State of Wisconsin with a mailing address of 1145 N. 12th Street, Milwaukee, WI 53233
- I am: an heir, having the following relationship to the decedent: Nephew
 the person who was guardian of the decedent at the time of the decedent's death.
 trustee of a revocable trust created by the decedent.
- The total gross value of the decedent's property subject to administration in Wisconsin on the date of death did not exceed \$50,000.
- The total gross value of the decedent's property subject to administration in Wisconsin at the date of decedent's death was \$ 40,000.00.
- The decedent:

<input type="checkbox"/> did	<input checked="" type="checkbox"/> did not	receive Medical Assistance/Medicaid.
<input type="checkbox"/> did	<input checked="" type="checkbox"/> did not	receive Family Care and/or Partnership benefits (through a Managed Care Organization - MCO/CMO).
<input type="checkbox"/> did	<input checked="" type="checkbox"/> did not	receive benefits from the Community Options Program (COP).
<input type="checkbox"/> did	<input checked="" type="checkbox"/> did not	receive benefits from the Wisconsin Chronic Disease Program.
<input type="checkbox"/> was	<input checked="" type="checkbox"/> was not	patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county. If so, explain:
- The affiant lacks information to complete this section.
- If the decedent was ever married, complete the following: (If more than one spouse, see attached.)
Name of spouse (living or deceased):
 Married to decedent Divorced from decedent at time of decedent's death.
The spouse did did not receive benefits from the Community Options Program (COP).
The spouse did did not receive benefits from the Wisconsin Chronic Disease Program.
 The affiant lacks information to complete this section.
- I ask that the following property be transferred to me under §867.03(1g), Wisconsin Statutes:

IN THE MATTER OF

Kathryn Renee Hutchins
Decedent

Transfer by Affidavit
(\$50,000 and under)



Register of deeds recording area
Name and return address

Antone Lavender
1145 N. 12th St.
Milwaukee WI 53233

391-0248-100
parcel identification number

Note: Use black ink only.

UNDER OATH, I STATE THAT:

- The decedent, with date of birth March 3, 1910 and date of death June 13, 2009, was domiciled in Milwaukee County, State of Wisconsin with a mailing address of 1145 N. 12th Street, Milwaukee, WI 53233.
- I am: an heir, having the following relationship to the decedent: Nephew
 the person who was guardian of the decedent at the time of the decedent's death.
 trustee of a revocable trust created by the decedent.
- The total gross value of the decedent's property subject to administration in Wisconsin on the date of death did not exceed \$50,000.
- The total gross value of the decedent's property subject to administration in Wisconsin at the date of decedent's death was \$ 40,000.00.
- The decedent:
 - did did not receive Medical Assistance/Medicaid.
 - did did not receive Family Care and/or Partnership benefits (through a Managed Care Organization – MCO/CMO).
 - did did not receive benefits from the Community Options Program (COP).
 - did did not receive benefits from the Wisconsin Chronic Disease Program.
 - was was not patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county. If so, explain:
- The affiant lacks information to complete this section.
- If the decedent was ever married, complete the following: (If more than one spouse, see attached.)
 Name of spouse (living or deceased):
 Married to decedent Divorced from decedent at time of decedent's death.
 The spouse did did not receive benefits from the Community Options Program (COP).
 The spouse did did not receive benefits from the Wisconsin Chronic Disease Program.
 The affiant lacks information to complete this section.
- I ask that the following property be transferred to me under §867.03(1g), Wisconsin Statutes:

DESCRIPTION OF REAL ESTATE AND/OR PERSONAL PROPERTY TO BE TRANSFERRED <small>(If real estate, list legal description and tax parcel number. If personal property, specifically describe property including name of financial institutions and account numbers, if any.)</small>	GROSS VALUE
<p>SUBD INTO CITY LOTS OF THE N 30 AC IN NW 1/4 OF SEC 29-7-22 N 120' OF LOT 1 S & N 120' OF E 15' OF LOT 2 IN BLOCK 196;</p> <p><i>See Attached Legal Description</i></p>	\$40,000.00

8. By accepting the decedent's property under this section, I assume a duty to apply the property transferred for the payment of obligations according to priorities established under §859.25, Wisconsin Statutes, and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, Wisconsin Statutes, or if there is no governing instrument, according to the rules of intestate succession under ch. 852, Wisconsin Statutes.
9. If a decedent or decedent's spouse has received any of the benefits that are listed on page 1 of this affidavit or if unknown, a duplicate affidavit must be sent by certified mail with return receipt requested to the Estate Recovery Program for the State of Wisconsin, Department of Health Services prior to submission of this affidavit for recording. The proof of prior mailed notice should accompany the affidavit for recording, with the delivery date on the mail receipt being at least 10 days prior.

State of Wisconsin
 County of Milwaukee
 Subscribed and sworn to before me on 8-20-15

David J. Lang
 Notary Public/Court Official

Name Printed or Typed _____

My commission/term expires: 12 permit

Antonia Lavender
 Signature

Antonia Lavender
 Name Printed or Typed

1145 N 12th Street
 Address

Milwaukee WI

This document was drafted by: David J. Lang
 Print or Type Name

Register of Deeds Office viewed the certified mail receipt.

ONLY if this affidavit describes an interest in or lien on real estate, then a certified copy or duplicate original of this affidavit must be recorded with the register of deeds in each county in Wisconsin where the real estate is located.

The North 120 feet of the East 15 feet of Lot 2 and the North 120 feet of the West 10 feet of Lot 3, in Block 196, Survey & Subdivision into city lots of the North 30 Acres of the West ½ of the Northwest ¼ and North 14 Acres of the West 24 Acres of the South 50 Acres of the West ½ of the Northwest ¼ of Section 29, Township 7 North, Range 22 East, in the City of Milwaukee, County of Milwaukee, State of Wisconsin.

Also,

The East 50 feet of the North 120 feet of Lot 3, in Block 196, Survey & Subdivision into city lots of the North 30 Acres of the West ½ of the Northwest ¼ and North 14 Acres of the West 24 Acres of the South 50 Acres of the West ½ of the Northwest ¼ of Section 29, Township 7 North, Range 22 East, in the City of Milwaukee, County of Milwaukee, State of Wisconsin.

"Exempt from transfer return
and fee under state law
(sec. 77.25(11), Wis Stats"

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 9/8/2015

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2015 - 1
Taxkey Number: 391-0248-100-7
Property Address: 1201 1207 W JUNEAU AV
Owner Name KATHRYN RENEE HUTCHINS

Applicant: ANTON LAVENDER

Parcel No. 250
CaseNumber: 15CV-1661