



Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer


Margarita M. Gutierrez
Special Deputy City Treasurer

Robyn L. Malone
Special Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

March 1, 2022

To: Milwaukee Common Council
City Hall, Room 205

From:  Erika Martinez
Tax Collection and Enforcement Coordinator

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 3221209000
Address: 2344 N 5TH ST
Owner Name: RUTH CAMPBELL
Applicant/Requester: THELMA RUTH PAUL, POA
2021-2 Inrem File
Parcel: 130
Delinquent Tax Years: 2019-2021
Case: 21-CV-003565

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

The City of Milwaukee acquired this property on 11/30/2021.

JFK/em





OFFICE OF THE CITY TREASURER
TAX ENFORCEMENT DIVISION

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 286-2260 • FAX: (414) 286-3186 • TDD: (414) 286-2025

INTERESTED PARTY'S REQUEST TO VACATE
IN REM TAX FORECLOSURE JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

- 1. Type or print firmly with a black ballpoint pen.
2. Use separate form for each property.
3. Refer to the copy of the attached ordinance for guidelines and eligibility.
4. Administrative costs totaling \$1,370 must be paid by Cashier's Check or cash to the City Treasurer prior to acceptance of this application.
5. Complete boxes A, B, C, and D, sign, and date the application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 2344 N 5th St Milwaukee, WI
TAX KEY NUMBER: 3221209000
NAME OF APPLICANT: Thelma Rauth Paul
MAILING ADDRESS: 2305 Sandcove Ct SW
Atlanta GA 30331 (786) 231-4942
CITY STATE ZIP CODE TELEPHONE NUMBER
EMAIL ADDRESS: cocoapaul83@gmail.com
TBell9058@gmail.com

B. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH THE FORMER OWNER HAD AN OWNERSHIP INTEREST (If not applicable, write NONE.):
N/A
ADDRESS ZIP CODE
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 [X] 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?

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?

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.

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: Thelma Ruth Paul DATE: 2/20/22

APPLICANT'S NAME: Thelma Ruth Paul

APPLICANT'S TITLE: Personal Representative of Estate

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 3/1/2022

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2021 - 2
WholeTaxkey: 322-1209-000-
Property Address: 2344 N 5TH ST
Owner Name RUTH CAMPBELL
Applicant: THELMA RUTH PAUL, POA

Parcel No. 130
CaseNumber: 21-CV-003565

FILED
12-09-2021
John Barrett
Clerk of Circuit Court
2021PR001905

LETTERS ISSUED BY:

DATE SIGNED: December 9, 2021

Electronically signed by Honorable Paul R. Van Grunsven
Circuit Court Judge



STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

VELMA RUTH HARRIET CAMPBELL
Name

Domiciliary Letters

Informal Administration

Formal Administration

DOD 10/26/2018

Case No. _____

To: THELMA RUTH PAUL
2305 Sandcove Court SW
Atlanta, GA 30331

The decedent, with date of birth 2/15/1929 and date of death 10/26/2018, was domiciled in MILWAUKEE County, State of WISCONSIN.

You are granted domiciliary letters with general powers and duties of a personal representative.

You are authorized to administer the estate as required by law.

Other: _____

Form completed by: (Name) ATTY. GARY R. GEORGE	
Address P.O. BOX 1605, MILWAUKEE, WI 53201	
Telephone Number 414.397.80501	Bar Number (If any) 1004216

STATE OF WISCONSIN)
MILWAUKEE COUNTY) SS

I, the undersigned Clerk of Circuit Court/Register in Probate of Milwaukee County, Wisconsin do hereby certify that this is a true and correct copy of a document in the possession of the Register in Probate for Milwaukee County (and Letters are in full force and effect.)

THIS CERTIFICATE IS NOT VALID UNLESS THE COURT SEAL IS EMBOSSED HEREON.

IN TESTIMONY WHEREOF I have here unto set my hand and affixed the seal of said court this JAN 28 2022

Anna Dreyer

Clerk of Circuit Court/Register in Probate

IN THE MATTER OF THE ESTATE OF

VELMA RUTH HARRIET CAMPBELL
Name

DOD 10/26/2018

Amended

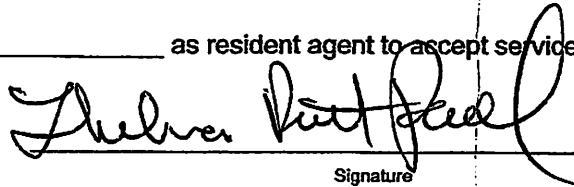
Consent to Serve

- Informal Administration
 Formal Administration

Case No. _____

- I consent to serve as personal representative special administrator of this estate. I accept the duties, submit personally to the jurisdiction of the court in any proceeding relating to the estate that may be instituted by any interested person and agree to be bound by the laws of Wisconsin.
- I will file any required bond.
- I am a nonresident of Wisconsin.

I appoint [Name] Tim Bell as resident agent to accept service of process.



Signature

Thelma Ruth Paul

Name Printed or Typed

2305 Sandcove Court SW, Atlanta GA 30331

Address

cocoapaul83@gmail.com

Email Address

786.231.4942

Telephone Number

11/2/21
Date

State Bar No. (if any)

Acceptance by Resident Agent

I accept appointment as resident agent for this estate to accept service of process.

Form completed by: (Name)

ATTY. GARY R. GEORGE

Address

P.O. BOX 1605, MILWAUKEE, WI 53201

Email Address

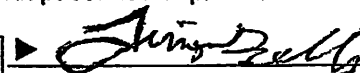
garyrgeorge@lawoffices@gmail.com

Telephone Number

414.397.8050

Bar Number (if any)

1004216



Resident Agent

Tim Bell

Name Printed or Typed

3900 Brown Deer Rd. Ste. 126, Milwaukee, WI 53209

Address

tbell9058@icloud.com

Email Address

414.375.2828

Telephone Number

11-22-21
Date

State Bar No. (if any)

IN THE MATTER OF THE ESTATE OF

VELMA RUTH CAMPBELL

Name

DOD 10/26/2018

Amended

Proof of Heirship

Informal Administration

Formal Administration

Case No. _____

UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:

1. What is your name, mailing address and relationship to the decedent?

Name	Mailing Address	Relationship
Thelma Ruth Paul	2305 Sandcove Court SW, Atlanta GA 30331	Heir/child

2. Was the decedent survived by a spouse or domestic partner?

Yes No

If YES, give name: _____

3. A. Did the decedent have any children? (Living or deceased; natural or adopted.)

Yes No

If YES, list all names. (If deceased, indicate date of death.)

See attached

Name of Decedent's Children	If Deceased, Date of Death
Bernice Campbell Howard Campbell Johnny Campbell Thelma Ruth Paul Louis Campbell Bobbie Campbell	9/5/2017

B. For each deceased child listed in 3A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted.)

See attached

Name of Deceased Child in (3A)	Name of Deceased Child's Child(ren)	Date of Death
BOBBIE CAMPBELL	Kyna Campbell Walter Matthews Jamell Matthews David Matthews Quentin Matthews JaVina Matthews	

4. If there is a surviving spouse or domestic partner, are all of the decedent's children listed in 3A., also the children of the surviving spouse or domestic partner?

Yes No

If NO, give details: _____

Instructions:

Are there living persons listed in answers to questions 2. through 4.?

- If Yes, skip to question 8.
- If No, continue with question 5.

5. Did the decedent leave surviving parents?

Yes No

If YES, list names.

Name(s)

--

6. A. If no surviving parent, did the decedent have brothers or sisters? (Living or deceased; whole blood, half blood, adopted)
 If YES, list all names. (If deceased, indicate date of death.) No Yes

Name of Decedent's Brothers or Sisters	If Deceased, Date of Death

B. For each deceased brother or sister listed in 6A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted) See attached

Name of Deceased Brother or Sister in (6A)	Date of Death	Name of Deceased Brother's or Sister's Children

7. If there are no living persons listed in questions 2. through 6B., list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named. See attached

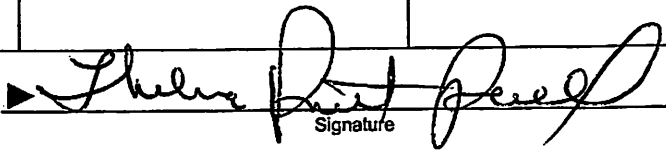
MATERNAL (Mother)	PATERNAL (Father)
Grandfather:	Grandfather:
Grandmother:	Grandmother:
Descendants:	Descendants:

8. Did any of the persons named in #2 through #7 die within 120 hours (5 days) after the death of the decedent? No Yes

If YES, list name(s), date of death and descendant(s).

Name	Date of Death	Descendant(s)

State of Georgia
 County of Fulton
 Subscribed and sworn to before me on 12-03-2021
DEMETRICUS RICARDO BENEDICT
 NOTARY PUBLIC/Court Official
Demetricus Benedict
 State of Georgia
 My Comm. Expires Feb. 23, 2025
 This notarial act involved the use of communication technology.


 Signature
Thelma Ruth Paul
 Name Printed or Typed
2305 Sandcove Court SW, Atlanta GA 30331
 Address
cocoapaul83@gmail.com 786.231.4942
 Email Address Telephone Number
12/3/21 _____
 Date State Bar No. (if any)