



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

July 14, 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.: 2852136000
Address: 3360 N 21ST ST
Owner Name: LOUIS TRACY
Applicant/Requester: JEANINE TRACY
2021-3 Inrem File
Parcel: 64
Delinquent Tax Years: 2018-2021
Case: 21-CV-006928

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

The City of Milwaukee acquired this property on 04/14/2022.

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: 3360 NORTH 21ST STREET
TAX KEY NUMBER: 2852136000
NAME OF APPLICANT: JEANINE TRACY
MAILING ADDRESS: 3360 NORTH 21ST STREET
MILWAUKEE WI 53206 414-334-4030
CITY STATE ZIP CODE TELEPHONE NUMBER
EMAIL ADDRESS: JANECOLE9765333@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.):
NONE
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 [] Attach documentation. Go to Section G.
NO [X] 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?

NONE - FORMER OWNER DECEASED

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?

FORMER OWNER DECEASED

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.

**FORMER OWNER DECEASED - APPLICANT IS DECEASED'S DAUGHTER
DAUGHTER WISHES TO REMAIN IN FAMILY HOMESTEAD**

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 MONIES TO BE HELD IN TRUST PENDING APPLICANT PROVIDING REQUIRED DOCUMENTATION

I. IS THE APPLICATION COMPLETE AND HAS THE REQUIRED SUPPORTING DOCUMENTATION BEEN PROVIDED?
YES NO APPLICANT TO PROVIDE REQUIRED DOCUMENTATION PRIOR TO COMMITTEE HEARING

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: _____ DATE: 07-13-2022

APPLICANT'S NAME: JANINE TRACY *Jeanine Tracy*

APPLICANT'S TITLE: FORMER OWNER'S DAUGHTER

ORIGINAL CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 1971059951

LEGACY STATE FILE NUMBER: 148-0000049961

FILE DATE: SEPTEMBER 21, 1971

Child's Name: First

Middle

Last

JEANINE

MARIE

TRACY

Sex: Date of Birth:

Facility Name:

Birth Occurred Inside City, Village, Township:

County of Birth:

FEMALE SEPTEMBER 14, 1971 ST MARYS HOSPITAL

MILWAUKEE

MILWAUKEE

Time of Birth:

Birthweight:

Plurality:

07:25 PM

6 lbs 10 oz

SINGLE

Mother's Birth Name: First

Middle

Last

MATIE

JANE

THOMAS

Mother's Place of Birth:

MISSISSIPPI

Mother's Age:

41

Mother's Residence - City, Village, TWP:

MILWAUKEE

Residence - County:

MILWAUKEE

Residence - State:

WISCONSIN

Father's Birth Name: First

Middle

Last

WILLIAM

LOUIS

TRACY

Father's Place of Birth:

MISSOURI

Father's Age:

44

4421118



Lynette Childs

LYNETTE CHILDS
STATE REGISTRAR

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

23794220

Date Issued: JULY 13, 2022



WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 93.24(1)

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VOID

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: NOVEMBER 07, 2016
STATE FILE NUMBER: 2016042459

VOID

1. DECEDENT'S NAME First Middle Last LOUIS TRACY TRACY AKA: WILLIAM LOUIS TRACY		2. SOCIAL SECURITY NUMBER 320-24-1320	3. DATE PRONOUNCED DEAD OCTOBER 27, 2016
4. TIME PRONOUNCED DEAD (24hr) 18:50	5. AGE 90 YEARS	6. DATE OF BIRTH MARCH 22, 1926	7. SEX MALE
8. CITY, VILLAGE, OR TOWNSHIP OF DEATH MILWAUKEE (CITY)		9. COUNTY OF DEATH MILWAUKEE	
10. PLACE OF DEATH HOSPITAL-INPATIENT		11. FACILITY NAME AND ADDRESS OF DEATH COLUMBIA ST MARY'S HOSPITAL MILWAUKEE, 2301 N LAKE DR	
12. RESIDENCE ADDRESS 3360 N 21ST STREET		13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP MILWAUKEE (CITY)	14. RESIDENCE COUNTY MILWAUKEE
15. RESIDENCE STATE WISCONSIN		16. MARITAL STATUS WIDOWED	17. WI DOMESTIC PARTNERSHIP NO
18. SURVIVING SPOUSE'S BIRTH NAME		19. STATE OF BIRTH ARKANSAS	20. DECEDENT'S BIRTH LAST NAME TRACY
21. FATHER'S BIRTH NAME HERBERT TRACY		22. MOTHER'S BIRTH NAME ROBERTA CONLEY	
23. INFORMANT'S NAME NORMA COLEMAN		24. INFORMANT'S MAILING ADDRESS 2507 N 1ST STREET, MILWAUKEE, WI 53212	
25. NAME AND ADDRESS OF FUNERAL FACILITY LEON J. WILLIAMSON FUNERAL HOME, 2157 N 12TH ST, MILWAUKEE, WI 53205		26. FUNERAL DIRECTOR'S NAME WINTERS, CASSANDRA A	
27. DATE SIGNED NOVEMBER 06, 2016		28. TYPE OF MEDICAL CERTIFIER PHYSICIAN	
29. MEDICAL CERTIFIER'S NAME AND TITLE DON LEE, MD		30. DATE SIGNED NOVEMBER 03, 2016	
31. DATE OF DEATH OCTOBER 27, 2016		32. TIME OF DEATH (24hr) 18:50	33. MEDICAL CERTIFIER'S MAILING ADDRESS 2301 N LAKE DRIVE, MILWAUKEE, WI 53211

EXTENDED FACT OF DEATH

34. USUAL OCCUPATION GENERAL LABORER	35. KIND OF BUSINESS/INDUSTRY FOUNDRY	36. EVER IN US ARMED FORCES NO	37. DECEDENT TRIBAL MEMBER NO TRIBE NAME(S):
38. MANNER OF DEATH NATURAL	39. METHOD OF DISPOSITION BURIAL	40. PLACE AND LOCATION OF DISPOSITION GRACELAND CEMETERY, MILWAUKEE, WISCONSIN	

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last. Interval Between Onset and Death

Immediate Cause (a) SEPSIS

Due to or as a consequence of: (b) PNEUMONIA

Due to or as a consequence of: (c) ACUTE RESPIRATORY FAILURE

Due to or as a consequence of: (d) _____

41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

42. AUTOPSY PERFORMED NO	43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY
47. LOCATION OF INJURY				48. COUNTY OF INJURY

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

VOID

VOID

NO AMENDMENTS PRESENT

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

4408393

23402254

Date Issued: JUNE 30, 2022



Israel Ramon
ISRAEL RAMÓN
MILWAUKEE COUNTY REGISTER OF DEEDS



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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 7/14/2022

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2021 - 3
WholeTaxkey: 285-2136-000-
Property Address: 3360 N 21ST ST
Owner Name LOUIS TRACY

Applicant: JEANINE TRACY

Parcel No. 64
CaseNumber: 21-CV-006928