

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check 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 45 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. Administrative costs totaling \$1370 must be paid by Cashiers Check to the City Treasurer's Office prior to acceptance of this application.
5. Complete boxes a, b, c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS <u>5033 N. 19th Place</u>			
TAX KEY NUMBER <u>205-0431-1</u>			
NAME OF APPLICANT <u>Mary Louise Reese</u>			
MAILING ADDRESS <u>5033 N. 19th Place</u>			
<u>Milw.</u> CITY	<u>Wis.</u> STATE	<u>53209</u> ZIP CODE	<u>540-0534</u> TELEPHONE NUMBER

B. FORMER OWNER YES NO

If no, describe interest in this property _____

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

none

(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)	E. DEPARTMENT OF BUILDING INSPECTION FILING: Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Building Inspection per s. 200-51.5?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 City harmless from and against any cost or expense which may be asserted against 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 Applicant understands that if this request is withdrawn or denied, the City shall retain all of the administrative costs applicant paid.

APPLICANT'S SIGNATURE Mary Louise Reese DATE 8/29/04
I:\COMMON\TAXENFOR\VACATE.APP



Wisconsin Credit Union Shared Service Centers, Inc.

6402 W. BROWN DEER ROAD
MILWAUKEE, WI 53223-2235

WISCONSIN CORPORATE CENTRAL CREDIT UNION
HALES CORNERS, WI 53130-0469

VOID AFTER 120 DAYS

12-828652750
0

83974

PAY

Remitter: REESE

SHARMIN

M

Date 08-30-04

*****1,370.00

***** One Thousand Three Hundred Seventy and 00/100 Dollars

TO THE
ORDER
OF

CITY TREASURER'S OFFICE

M. H. Hines
PRESIDENT

⑈083974⑈ ⑆275082866⑆ 92012750023966⑈

WISCONSIN BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY

SECTION 243.10

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. BY SIGNING THIS DOCUMENT, YOU ARE NOT GIVING UP ANY RIGHTS TO CONTROL YOUR FINANCES AND PROPERTY YOURSELF. IN ADDITION TO YOUR OWN POWERS AND RIGHTS, YOU ARE GIVING ANOTHER PERSON, YOUR AGENT, BROAD POWERS TO HANDLE YOUR FINANCES AND PROPERTY. THIS BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY MAY GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR FINANCES AND PROPERTY, WHICH MAY INCLUDE POWER TO ENCUMBER, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THE POWERS WILL EXIST AFTER YOU BECOME DISABLED, OR INCAPACITATED, IF YOU CHOOSE THAT PROVISION. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF YOU OWN COMPLEX, OR SPECIAL ASSETS SUCH AS A BUSINESS, OR IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN THIS FORM TO YOU BEFORE YOU SIGN IT.

IF YOU WISH TO CHANGE YOUR BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY, YOU MUST COMPLETE A NEW DOCUMENT AND REVOKE THIS ONE. YOU MAY REVOKE THIS DOCUMENT AT ANY TIME BY DESTROYING IT, BY DIRECTING ANOTHER PERSON TO DESTROY IT IN YOUR PRESENCE OR BY SIGNING A WRITTEN AND DATED STATEMENT EXPRESSING YOUR INTENT TO REVOKE THIS DOCUMENT. IF YOU REVOKE THIS DOCUMENT, YOU SHOULD NOTIFY YOUR AGENT AND ANY OTHER PERSON TO WHOM YOU HAVE GIVEN A COPY OF THIS FORM. YOU ALSO SHOULD NOTIFY ALL PERSONS HAVING CUSTODY OF YOUR ASSETS. THESE PARTIES HAVE NO RESPONSIBILITY TO YOU UNLESS YOU ACTUALLY NOTIFY THEM OF THE REVOCATION. IF YOUR AGENT IS YOUR SPOUSE AND YOUR MARRIAGE IS ANNULLED, OR YOU ARE DIVORCED AFTER SIGNING THIS DOCUMENT, THIS DOCUMENT IS INVALID.

SINCE SOME THIRD PARTIES OR SOME TRANSACTIONS MAY NOT PERMIT USE OF THIS DOCUMENT, IT IS ADVISABLE TO CHECK IN ADVANCE, IF POSSIBLE, FOR ANY SPECIAL REQUIREMENTS THAT MAY BE IMPOSED.

YOU SHOULD SIGN THIS FORM ONLY IF THE AGENT YOU NAME IS RELIABLE, TRUSTWORTHY AND COMPETENT TO MANAGE YOUR AFFAIRS.

WISCONSIN BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY

I, MARY Reese (Name),
of 5033 N 19th PL (Address),
appoint SHARMIN M Reese (Name),
of 5962 N 168th ST Apt 4 (Address),
as my agent to act for me in any lawful way with respect to the powers initialed below. If the person or persons appointed are unable or unwilling to act as my agent, I appoint _____ (Name),
of _____ (Address),
to act for me in any lawful way with respect to the powers initialed below.

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS,
INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT.
YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

HANDLING MY MONEY AND PROPERTY

Initials

MLR

1. *PAYMENTS OF BILLS:* My agent may make payments that are necessary or appropriate in connection with the administration of my affairs.

MLR

2. *BANKING:* My agent may conduct business with financial institutions, including endorsing all checks and drafts made payable to my order and collecting the proceeds; signing in my name checks or orders on all accounts in my name or for my benefit; withdrawing funds from accounts in my name; opening accounts in my name; and entering into and removing articles from my safe deposit box.

MLR

3. *INSURANCE:* My agent may obtain insurance of all types, as considered necessary or appropriate, settle and adjust insurance claims and borrow from insurers and 3rd parties using insurance policies as collateral.

MLR

4. *ACCOUNTS:* My agent may ask for, collect and receive money, dividends, interest, legacies and property due or that may become due and owing to me and give receipt for those payments.

MLR

5. *REAL ESTATE:* My agent may manage real property; sell, convey and mortgage realty for prices and on terms as considered advisable; foreclose mortgages and take title to property in my name; and execute deeds, mortgages, releases, satisfactions and other instruments relating to realty.

MLR

6. *BORROWING:* My agent may borrow money and encumber my assets for loans as considered necessary.

MLR

7. *SECURITIES:* My agent may buy, sell, pledge and exchange securities of all kinds in my name; sign and deliver in my name transfers and assignments of securities; and consent in my name to reorganizations, mergers or exchange of securities for new securities.

MLR

8. *INCOME TAXES:* My agent may make and sign tax returns; represent me in all income tax matters before any federal, state or local tax collecting agency; and receive confidential information and perform any acts that I may perform, including receiving refund checks and the signing of returns.

MLR

9. *TRUSTS:* My agent may transfer at any time any of my property to a living trust that has been established by me before the execution of this document.

PROFESSIONAL AND TECHNICAL ASSISTANCE

MLR

10. *LEGAL ACTIONS:* My agent may retain attorneys on my behalf; appear for me in all actions and proceedings to which I may be a party; commence actions and proceedings in my name; and sign in my name all documents or pleadings of every description.

MLR

11. *PROFESSIONAL ASSISTANCE:* My agent may hire accountants, attorneys, clerks, workers and others for the management, preservation and protection of my property and estate.

TO ESTABLISH WHEN, AND FOR HOW LONG, THE BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY IS IN EFFECT, YOU MUST INITIAL ONLY ONE OF THE FOLLOWING 3 OPTIONS. IF YOU DO NOT INITIAL ONE, OR IF YOU INITIAL MORE THAN ONE, THIS BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY WILL NOT TAKE EFFECT.

Initials

MLR

This basic power of attorney for finances and property becomes effective when I sign it and will continue in effect as a durable power of attorney under section 243.07, Wisconsin Statutes, if I become disabled or incapacitated.

_____ This basic power of attorney for finances and property becomes effective only when both of the following apply:

- a. I have signed it; and
- b. I become disabled and incapacitated.

_____ This basic power of attorney for finances and property becomes effective when I sign it BUT WILL CEASE TO BE EFFECTIVE IF I BECOME DISABLED OR INCAPACITATED.

I agree that any 3rd party who receives a copy of this document may act under it. Revocation of this basic power of attorney is not effective as to a 3rd party until the 3rd party learns of the revocation. I agree to reimburse the 3rd party for any loss resulting from claims that arise against the 3rd party because of reliance of this basic power of attorney.

Signed this 30th day of August, 2004 (year).

Mary Louise Reese
(Your Signature)

392-641-5867
(Your Social Security Number)

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence and the presence of the other witness; and the fact that he or she stated that this power of attorney reflects his or her wishes and is being executed voluntarily. I believe him or her to be of sound mind and capable of creating this power of attorney. I am not related to him or her by blood or marriage, and, to the best of my knowledge, I am not entitled to any portion of his or her estate under his or her will.

Witness: Rebecca Ford

Dated: 8/30/2004

By: _____

Print Name: REBECCA Ford

Address: 2639 N 16th Street

Witness: Mee Yanb

Dated: 8/30/04

By: _____

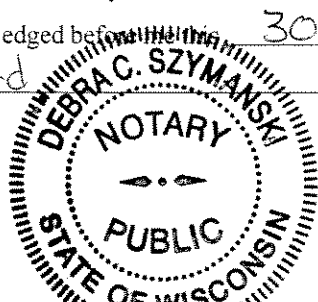
Print Name: Mee Yanb

Address: 9216 N. Bethame

State of Wisconsin,

Milwaukee County.

This document was acknowledged before me this 30th day of August, 2004,
by Rebecca Ford (Name of Principal).



Debra Szymanski
(Signature of Notary Officer)

My commission is permanent or expires: June 29, 2007

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES AND LIABILITIES OF AN AGENT.

(Name of Agent)

(Signature of Agent)

(Name of Agent)

(Signature of Agent)