WAYNE F. WHITTOW CITY TREASURER



OFFICE OF THE CITY TREASURER MILWAUKEE, WISCONSIN

August 5, 2005

To:

Milwaukee Common Council

City Hall, Room 205

From:

Wayne F. Whittow 27

City Treasurer

Re:

Request for Vacation of Inrem Judgment

Tax Key No.: 034-0729-000-2

Address: 9050 9050 C N 95TH ST

Applicant/Requester: MARIA M OBANDO

2005-01 Inrem File

Parcel: 4

Case: 05CV002643

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

The City of Milwaukee acquired this property on 7/25/05.

WFW/ku

City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202 Telephone: (414) 286-2240 • FAX: (414) 286-3186 • TTY: (414) 286-2025

OF THIS DOCUMENT CONTAINS A REFLECTIVE SECURITY MARK • HOLD AT AN ANGLE TO VIEW TCF National Bank 500 West Brown Deer Road P.O. Box 170995 Milwaukee, WI 53217-8096

268967118

AUGUSTDA05, 2005

ONE THOUSAND THREE HUNDRED SEVENTY AND 00/100USDOLLARS***

MATCH THE AMOUNT IN WORDS WITH THE AMOUNT IN NUMBERS

\$\$\$\$\$1,370.00*****

PAY TO THE CITY TREASURE OF MILWAUKEE

ACCOUNT NO ******1752

16454

Aul W Som

_{MEMO}RE: MARIA AND AL OBANDO

9050 TOF NABORAL PARK N 95W

#091129PB35000B5B: 6B0036B96711B6#

REQUEST FOR VACATION OF IN REM JUDGMENT

Sept.6

Department of Neighborhood Services per s. 200-51.5?

NO

YES

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- 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 \$1,370.00, must be paid by Cashiers Check or cash 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	st Wells Street. Room 103. Milwaukee, WI 53202
APPLICANT INFORMATION: 9050 "C"	N. 95th ST. 53224
A. PROPERTY ADDRESS	
TAXKEY NUMBER <u>034-0729-</u>	2
NAME OF APPLICANT MOVIE ()	sando (AL)
MAILING ADDRESS P.O. BOX	210524
CITY WOUNCE STATE	53221 414-852-520 ZIP CODE TELEPHONE NUMBER
B. FORMER OWNER YES If no, describe interest in this property	NO
C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF M OWNERSHIP INTEREST IN (If not applicable, write NON	IILWAUKEE THAT THE FORMER OWNER HAS AN
^	405 EZ 101. 101 12 314
5100 S. 20 ST.	Willia: WI 53221
(Use reverse side, if	additional space is needed)
D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASRUER'S	E. DEPT OF NEIGHBORHOOD SERVICES FILING:
OFFICE? (Documentation must be attached)	Have applications to record the subject property and any other unrecorded properties in which the former
YES NO	owner has an ownership interest been filed with the

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 indepinity and hold City harmless from and against any cost or expense which may be asserted against City as a result of the chall of the chall of the 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 HOW WOOD DATE 08/05/05