




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.: 270-1430-000-2  
Address: 3751 N 21ST ST  
Owner Name: BOBBIE LEE KIDD  
Applicant/Requester: RENEE HUGHES FOR BOBBIE L KIDD  
2015-2 Inrem File  
Parcel: 76  
Case: 15CV-2385

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

The City of Milwaukee acquired this property on 7/13/2015.

JFK/em





# OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202  
TELEPHONE: (414) 288-2280 • FAX: (414) 288-3188 • TDD: (414) 288-2026

## FORMER OWNER'S REQUEST TO VACATE 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 boxes a, b, c, and d and sign and date application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

### APPLICANT INFORMATION:

A. PROPERTY ADDRESS: ~~3751~~ 3751 N 21st Street  
 TAX KEY NUMBER: 270-1430-2  
 NAME OF APPLICANT: DENEH Hughes for Bobbie L Kidd  
 MAILING ADDRESS: N92W17072 Forest dr  
Menomonee Falls WI 53051 262,853,9457  
 CITY STATE ZIP CODE TELEPHONE NUMBER

B. WAS THE PROPERTY LISTED IN "A" ABOVE YOUR PRIMARY RESIDENCE? YES  NO   
 IS THE PROPERTY LISTED IN "A" ABOVE CURRENTLY OCCUPIED? YES  NO

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH YOU HAVE AN OWNERSHIP INTEREST (If not applicable, write NONE.):  
3821 N 22nd St  
 ADDRESS ZIP CODE  
 ADDRESS ZIP CODE  
 ADDRESS ZIP CODE  
 (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.)  
 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: Deneh Hughes for Bobbie Kidd DATE: 9/4/15  
POA

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               | <b>1,370.00</b>      |

Date 9/4/2015

**Comments for Treasurer's Use Only**

Administrative Costs - Request for Vacation of Judgment

File Number: 2015 - 2  
WholeTaxkey 270-1430-000-2  
Property Address: 3751 3751 N 21ST ST  
Owner Name BOBBIE LEE KIDD

Applicant: RENEE HUGHES FOR BOBBIE L KIDD

Parcel No. 76

CaseNumber: 15CV-2385



DESIGNATION OF AGENT

I, Bobbie Kidd (name of principal), name the following person as my agent:

Name of agent: Renee Hughes

Agent's address: N92 W 17072 Forest Drive

Agent's telephone number: 262-853-9457

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: \_\_\_\_\_

Successor agent's address: \_\_\_\_\_

Successor agent's telephone number: \_\_\_\_\_

If my successor agent is unable or unwilling to act for me, I name as my 2<sup>nd</sup> successor agent:

Name of 2<sup>nd</sup> successor agent: \_\_\_\_\_

Second successor agent's address: \_\_\_\_\_

Second successor agent's telephone number: \_\_\_\_\_

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

|    |  |
|----|--|
| BK | Real property  |
| BK | Tangible personal property                                       |
| BK | Stocks and bonds   |
| BK | Commodities and options  |
| BK | Banks and other financial institutions                           |
| BK | Operation of entity or business                                  |
| BK | Insurance and annuities  |
| BK | Estates, trusts, and other beneficial interests                  |
| BK | Claims and litigation  |
| BK | Personal and family maintenance                                  |
| BK | Benefits from governmental programs or civil or military service |
| BK | Retirement plans   |
| BK | Taxes  |

**LIMITATION ON AGENT'S AUTHORITY**

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

**SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions in the following space

**EFFECTIVE DATE**

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

**NOMINATION OF GUARDIAN (OPTIONAL)**

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: \_\_\_\_\_

Nominee's address: \_\_\_\_\_

Nominee's telephone number: \_\_\_\_\_

Name of nominee for guardian of my person: \_\_\_\_\_

Nominee's address: \_\_\_\_\_

Nominee's telephone number: \_\_\_\_\_

**RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY**

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

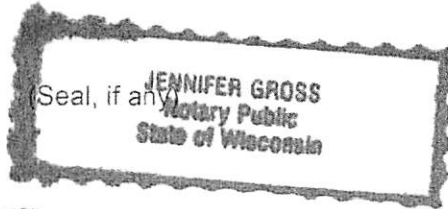
**SIGNATURE AND ACKNOWLEDGMENT**

Your signature Bobbie L Kidd Date 7/13/15  
Your name printed 8425 N 107<sup>th</sup> St Milwaukee WI 53224 #107  
Your address: Bobbie L Kidd  
Your telephone number: 262 853 9457

State of: Wisconsin County of: Washington

This document was acknowledged before me on

Date 7-13-15 by name of principal Bobbie L Kidd



Signature of notary [Signature]  
Name of notary (typed or printed) Jennifer Gross  
My commission expires: 5-15-17

This document prepared by: \_\_\_\_\_

## IMPORTANT INFORMATION FOR AGENT AGENT'S DUTIES

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
- (2) Act in good faith.
- (3) Do nothing beyond the authority granted in this Power of Attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

RAIFE HUGHES (principal's name) by [Signature] (your signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
- (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

### TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

- (1) Death of the principal
- (2) The principal's revocation of the Power of Attorney or your authority.
- (3) The occurrence of a termination event stated in the Power of Attorney.
- (4) The purpose of the Power of Attorney is fully accomplished
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.
- (6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.



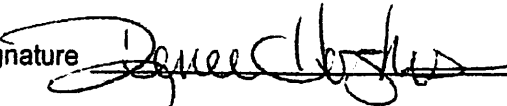
**LIABILITY OF AGENT**

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

**OPTIONAL SIGNATURE OF AGENT**

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney

Agent's signature  Date 7/13/15

**Attached:**

- (1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).
- (2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).

The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT'S AUTHORITY

State of: Wisconsin

County of: Milwaukee

I, Renee Hughes (name of agent), certify under penalty of perjury that Bobbie Kidd (name of principal) granted me authority as an agent or successor agent in a power of attorney dated 7/13/15

I further certify that to my knowledge:

- (1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.
- (4) \_\_\_\_\_ (insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's signature Renee Hughes Date 7/13/15

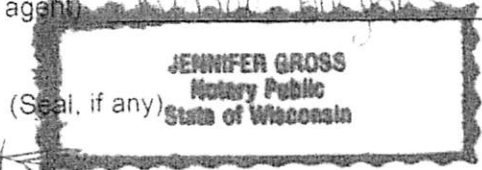
Agent's name printed RENEE Hughes

Agent's address: N92W17072 Forest DR Menomonie Falls WI 53051

Agent's telephone number: 262 853 9457

State of: Wisconsin County of: Washington

This document was acknowledged before me on Date 7-13-15 by (name of agent) Renee Hughes



Signature of notary Jennifer Gross

Name of notary (typed or printed) Jennifer Gross

My commission expires: 5-15-17

This document prepared by: \_\_\_\_\_