

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 \$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 Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 3512 N. 20th
TAXKEY NUMBER 2712713000
NAME OF APPLICANT PATRICIA REED
MAILING ADDRESS 3534 N. 57th
 MILWAUKEE WI 53216 414-449-0719
CITY STATE ZIP CODE 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).

3534 N. 57th St.

(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 _____

E. DEPT OF NEIGHBORHOOD SERVICES 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 Neighborhood Services per s. 200-51.5.

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 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 **Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.**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 Patricia A Reed

DATE 9-1-06



Payment Receipt

CT-11

Office of the City Treasurer • City Hall, Room 103
200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240

Received of: PATRICIA REED

Tax Account No.: 271-2773-6

Property Address: 3512 N. 20TH

Cash \$ _____ Check \$ 1370.00

Installment Payment Bond Payment

Delinquent Tax Payment Year: _____

Current Collection Tax Payment

Duplicate Tax Bill Fee Other
2006-01 VACATE JUDGMENT

Received by: RILEY

Date: 9-1-06



State Bar of Wisconsin Form 3 - 2003

QUIT CLAIM DEED

Document Number

Document Name

DOC.# 09286195

THIS DEED, made between Kimberly A Short

("Grantor," whether one or more),
and Patricia Reed

("Grantee," whether one or more).

Grantor, quit claims to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Milwaukee County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

LEGAL DESCRIPTION:
LEGALS WITTIG'S SUBD (JOS) ETC IN SW 1/4 OF NE 1/4 SEC 7-7-22 DESCRIPTION BLOCK 1 W 115' (N 6' LOT 16-S34' LOT 17)

REGISTER'S OFFICE | SS
Milwaukee County, WI

RECORDED 08/11/2006 12:14PM

JOHN LA FAVE
REGISTER OF DEEDS

AMOUNT: 11.00

Recording Area
Name and Return Address
Patricia Reed
3534 North 57th Street
Milwaukee, WI 53216

271-2713-000-6

Parcel Identification Number (PIN)

This is homestead property.
(is) (is not)

TRANSFER
\$ 240.00
FEE

Dated August 10, 2006

(SEAL) Kimberly A. Short (SEAL)
* Kimberly A. Short

(SEAL) _____ (SEAL)

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s) _____
authenticated on _____

STATE OF WISCONSIN)
Milwaukee COUNTY) ss.
Personally came before me on 8/10/06
the above-named Kimberly A. Short

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by Wis. Stat. § 706.06)

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT DRAFTED BY:
BRIAN PETERSON

Mary M. Moore
Notary Public, State of Wisconsin
My Commission (is permanent) (expires 8/3/2009)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.
QUIT CLAIM DEED STATE BAR OF WISCONSIN FORM No. 3-2003

*Type name below signatures.

Office of the City Treasurer - Milwaukee, Wisconsin
 Customer Services Unit
 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 9/1/2006

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2006 - 01
 Taxkey Number: 271-2713-000 - 6
 Property Address: 3512 3512 N 20TH ST
 Applicant: PATRICIA REED
 Parcel Number: 100
 CaseNumber: 06-CV-003677

Teller Validation

Batch Date: 09/05/06 Receipt # 00071760
 Teller ID: mgutle2210003
 Payment Tendered: 9/1/2006 3:44 PM
 1910 Delinquent Tax Cost Recovery
 Document No. 271-2713-6
 Transaction Total: \$1,370.00

1911 City Treasurer-Cost Recovery
 987016 0001 2210 1840
 Allocation Total: \$220.00

1912 DCD-Cost Recovery
 987016 0001 1911 1840
 Allocation Total: \$450.00

1913 City Clerk-Cost Recovery
 987016 0001 1310 1840
 Allocation Total: \$200.00

1914 City Attorney-Cost Recovery
 987016 0001 1430 1840
 Allocation Total: \$500.00

CK 01320028 \$1,370.00

City of Milwaukee
PAYMENT RECEIPT
 Office of the City Treasurer
 City Hall, Room 103

WAYNE F. WHITTON
 City Treasurer

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 ***** DUPLICATE *****

***** DUPLICATE *****