



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

October 16, 2018

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.: 4961704000
Address: 2364 S 20TH ST
Owner Name: ALICE LAGOSH TRUSTEE ALICE LAGOSH
REVOC TRUST
Applicant/Requester: SANDRA LAGOSH, PERSONAL
REPRESENTATIVE TO THE TRUST
2018-1 Inrem File
Parcel: 250
Delinquent Tax Years: 2015-2017
Case: 18-CV-003951

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

The City of Milwaukee acquired this property on 8/31/2018.

JFK/em



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 10/16/2018

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2018 - 1

WholeTaxkey: 496-1704-000-

Property Address: 2364 S 20TH ST

Owner Name ALICE LAGOSH TRUSTEE
ALICE LAGOSH REVOC TRUST

Applicant: SANDRA LAGOSH, PERSONAL REPRESENTATIVE TO
THE TRUST

Parcel No. 250

CaseNumber: 18-CV-003951



OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 288-2260 • FAX: (414) 288-3188 • TDD: (414) 288-2025

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 totalling \$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: 2364 S. 20TH ST.

TAX KEY NUMBER: 496-1704-9

NAME OF APPLICANT: Sandra Labosh / Kevin Labosh

MAILING ADDRESS: 5420 S. 14TH ST. 414-301-0084

Milwaukee WI 53221 414-737-0163

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.):

n/a

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: Sandra Labosh / Kevin Labosh DATE: 10-10-18

CERTIFICATION OF TRUST IN EFFECT

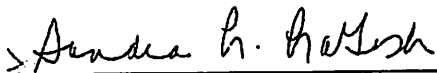
The undersigned hereby certifies that the **ALICE LAGOSH REVOCABLE TRUST** was duly signed by her on **January 21, 2002**, and that it remains in full force and effect.

I, **Sandra L. LaGosh** am the acting trustee of the **ALICE LAGOSH REVOCABLE TRUST U/A/D January 21, 2002**.

I also hereby certify that the **ALICE LAGOSH REVOCABLE TRUST U/A/D January 21, 2002** is the fee title holder of the real estate described as follows:

The South 22 feet of Lot 23 and the North 8 feet of Lot 22 in Block 7 in Second Continuation of Hull's Subdivision in the North East ¼ of Section 7 in Township 6 North, Range 22 East in the City of Milwaukee.

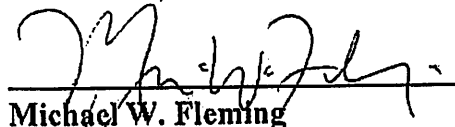
So certified on **October 16, 2018**, at **Milwaukee, Wisconsin**.



Sandra L. LaGosh

STATE OF WISCONSIN)
) ss
MILWAUKEE COUNTY)

Subscribed and sworn to before me by **Sandra L. LaGosh** on **October 16, 2018**, at **Milwaukee, Wisconsin**.



Michael W. Fleming
Notary Public, State of Wisconsin
My commission is permanent



STATE BAR OF WISCONSIN FORM 3 - 1999
QUIT CLAIM DEED

8218258

Document Number

REGISTER'S OFFICE, SS
Milwaukee County, WI
RECORDED AT 3:20 PM
02-05-2002

This Deed, made between ALICE LA GOSH a/k/a ALICE LAGOSH

WALTER R. BARCZAK
REGISTER OF DEEDS

Grantor, and ALICE LAGOSH, trustee of the ALICE LAGOSH REVOCABLE TRUST dated January 21, 2002,

AMOUNT 11.00

Grantee.
Grantor quit claims to Grantee the following described real estate in MILWAUKEE County, State of Wisconsin (if more space is needed, please attach addendum):
The South 22 feet of Lot 23 and the North 8 feet of Lot 22 in Block 7 in Second Continuation of Hull's Subdivision in the North East 1/4 of Section 7 in Township 6 North, Range 22 East in the City of Milwaukee.

Recording Area
Name and Return Address
Law Offices of Michael W. Fleming, S.C.
131 W. Layton Avenue, Ste. 300
Milwaukee, Wisconsin 53207

FEE
\$ 77.25 (16)
EXEMPT

496-1704-9
Parcel Identification Number (PIN)
This is _____ homestead property.
(is) (isnot)

Together with all appurtenant rights, title and interests.
Dated this 21st day of January, 2002

Alice La Gosh
* ALICE LA GOSH

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s) ALICE LA GOSH

STATE OF _____)
) ss.
 County)

authenticated this 21st day of January, 2002

Personally came before me this _____ day of _____ the above named

Michael W. Fleming
* MICHAEL W. FLEMING

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

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

THIS INSTRUMENT WAS DRAFTED BY
ATTY. MICHAEL W. FLEMING
State Bar No.: 1010395

Notary Public, State of _____
My Commission is permanent. (If not, state expiration date: _____.)

* Names of persons signing in any capacity must be typed or printed below their signature.
STATE BAR OF WISCONSIN
FORM No. 3 - 1999

Information Professionals Company, Fond du Lac, WI
800-655-2021

QUIT CLAIM DEED

REEL 5257
IMAGE 3431